FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **F85433**

(3)

1. Corporati	On Name TING BY HEARN, INC.	J (U)							
Principal Plan	ce of Business	Mailing Address							IN CHEM DIDALIUM
% WILLIAM H HEARN 5051 TOZOUR ROAD FY PIERCE FL 34946		% WILLIAM H HEARN 5051 TOZOUR ROAD FT PIERCE FL 34946		Date Incorporated or Qualified					
						06/15/1982		01 Last 2/02/19	•
2. Principal 21	Place of Business	2a. Mailing Address 26				4. FEI Number 59-2217046			Applied For Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	· · ·			5. Certificate of Status Desired		*	5 Additional
22 City & Sta		Chy & State						e Required	
23	ste?	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Žφ	Country	Zip	Count	try		8. This corporation has liability for	intangible ta	_	
24	25	[29]	30			Florida Statutes Yes	□No		
	9. Name and Address of Curren	Registered Agent		T		10. Name and Address of New F	egistered .	Agent	
UEADA	3 34M111444 LL		*	81	Name				
HEARN, WILLIAM H 5051 TOZOUR ROAD			8	32	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)		
	RCE FL 34946		6	83					
			<u> </u>		<u> </u>			11	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the abo				34	Orty		FL	85	Zip Code
tamiliar v SIGNATURE	with, and accept the obligations of, Sections Separate, type or protect acres of represent aperts OFFICERS AND	and the mappedable (No		geel s	gnature required	when renstating: ADDITIONS/CHANGES TO OFF	DATE	DIRECT	TODS IN 12
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City-\$1 zin	FT PIERCE, FL 00000	DELETE	3 4 CITY		ZIP)				
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CITY - ST ZIP		<u></u>	4 3 STRE	EET AD	ODBESS ZIP			/	
OFFY-ST ZP TRUE	5051 TOZOUR ROAD FT PIERCE, FL 00000 VD	[] DEFELE		EET AD	ODBESS ZIP		q	Change	Addition
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64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS.

SIGNATURE AND TYPE CONFINITED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 407)461-7526

CR2E034 (12/95)