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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Chang  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002366 (2)

1. Corporation Name  
HEYL TRANSPORTATION SERVICES, INC.



Principal Place of Business

1809 N. LOUISE  
SIOUX FALLS SD 57107  
US

Mailing Address

1809 N. LOUISE  
SIOUX FALLS SD 57107-0271  
US

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Name and Address of Current Registered Agent

SACK, MARTIN JR.  
2064 PARK ST.  
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

01/22/1996

4. FEI Number

46-0392929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 198.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME HEYL, DONALD L  
STREET ADDRESS P.O. BOX DD N/A  
CITY-ST-ZIP PHARR TX 78577

TITLE DP ☐ DELETE

NAME HEYL, ALAN L  
STREET ADDRESS P.O. BOX 500 N/A  
CITY-ST-ZIP AKRON IA 51001-0500

TITLE COOV ☐ DELETE

NAME HEYL, ROGER  
STREET ADDRESS P.O. BOX 500  
CITY-ST-ZIP AKRON IA

TITLE S ☐ DELETE

NAME HEYL, DAVID A  
STREET ADDRESS P O BOX 500 N/A  
CITY-ST-ZIP AKRON IA

TITLE T ☐ DELETE

NAME HEYL, SCOTT D  
STREET ADDRESS P O BOX 40 N/A  
CITY-ST-ZIP SIOUX FALLS SD

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1606 Ave. N  
1.4 CITY-ST-ZIP Hawarden, IA 51023

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 941 Reed St.  
2.4 CITY-ST-ZIP Akron, IA 51001

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4023 Country Club  
3.4 CITY-ST-ZIP Akron, IA 51001

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS RR. 3, Box 322  
4.4 CITY-ST-ZIP Akron, IA 51001

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 601 S. 4th Ave. #2  
5.4 CITY-ST-ZIP Sioux Falls, SD 57104

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED *Don Heyl CEO 1-24-97 712 568 2451*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)