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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004351 (0)

1. Corporation Name  
HEARTLAND INFORMATION SERVICES, INC.

Principal Place of Business  
3919 DUVAL DR  
JACKSONVILLE BCH FL 32250

Mailing Address  
3919 DUVAL DR  
JACKSONVILLE BCH FL 32250-5809



3. Date Incorporated or Qualified  
08/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13000 Sawgrass V.I.C.I.  
Suite, Apt. #, etc.

25 821 MARQUETTE AVE  
Suite, Apt. #, etc.

22 SUITE 15  
City & State FL.

27 Foshay Tower #404  
City & State

23 Ponte Vedra Beach  
Zip Country

28 Minneapolis, MN  
Zip Country

24 32082

29 55402

4. FEI Number  
41-1699085 41-1689085

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. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAUUS, ROGER  
3919 DUVAL DR  
JACKSONVILLE FL 32250

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 (Type, print, or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	JAEB, PAUL A	
STREET ADDRESS	3919 DUVAL DR	
CITY - ST - ZIP	JACKSONVILLE BCH FL 32250	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHAUUS, ROGER A	
STREET ADDRESS	3919 DUVAL DR	
CITY - ST - ZIP	JACKSONVILLE BCH FL 32250	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	NIELSON, KIMBERLY A	
STREET ADDRESS	3919 DUVAL DR	
CITY - ST - ZIP	JACKSONVILLE BCH FL 32250	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 officer 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 that name is on an attachment with an address.

SIGNATURE: *Paul A. Jaeb* 4/29/97  
*P Focht* 4/29/97 612-371-9255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)