FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

HERR ENTERPRISES INCORPORATED

FILED Apr 24 1997 8:00am Secretary of State



Principal Flace of business			Mailing Address						(#II #18H) (##)
% Janet H. Keller 308 Live Oak Blvd. Casselberry Fl. 32707		30	% Janet H. Keller 308 Live Oak Blyd. Casselberry Fl 32707-3832						
						 Date Incorporated or Qualified 03/21/1984 	1	e of Last 31/199	
2. Principal Place of Business		2a.	2a. Mailing Address			4. FEI Number			Applied For
21		26	-4			59-2382242 Not Applicable			
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	⊢-¬	City & State			6. Election Campaign Financing	_	\$5.0	0 Мау Ве
Zip	Country	28	Zip	T Co., 10		Trust Fund Contribution			d to Fees
24	25	⊢– ւ	Ζή,	Count	гу	8. This corporation has liability for			s. 199.032,
24	9, Name and Address of Cur	29 rent Regist	ered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes		
KFI	LER, JANET H			8	1 Name	10. 114110 414 11441000 01 11611 116	giotorou A	geni	
308 LIVE OAK BLVD. CASSELBERRY FL 32707					2 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	-			8	3				
				8	4 City		FL	85 Zij	Code
OHICE OF IT	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	aie di mondi	a. auch change was	: aumonzed i	av the cotool	orporation submits this statement for the pration's board of directors. I hereby accep	urpone of c	L. L changing intment a	its registered is registered
SIGNATURE	Signature typed or printed name of registered					quired when reinstating)	DATE		
12.	OFFICERS /	AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	PRS IN 12
TITLE	PD		DECETE	1.1 TITLE				Charige	Addition
NAME	KELLER, JANET H			1.2 NAM	:				
STREET ADDRESS	513 BARCLAY AVE.			1.3 STRE	FT ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			1.4 CITY					
TITLE			☐ DELETE	2.1 TITLE			L	_] Change	Addition
NAME				2.2 NAMI					
STREET ADDRESS					E1 ADDRESS				
CITY-ST-ZIP TITLE			☐ DELETE	2 4 CITY 3 1 10 LE	- S1 - 7IP		: _F	Change	Address-
NAME			Detter	3 2 NAM			L	Change	Addition
STREET ADDRESS				1	EL ADDRESS				
CITY-ST-ZIP				3.4. C(1)					
TITLE			☐ DELFTE	4.1 TITLE				Change	Addition
NAME				4. 2 NAM			_		
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP				4.4 CiTy	S1 - ZIP				
TITLE			DELETE	5.1 TrTLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	LADDRESS				
CITY-ST-ZIP				5.4 CITY-	\$T-7IP				
TITLE			DELETE	6.1 1ITEF				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6 3 S1HE	LADDRESS				
CITY-ST-ZIP				64 CITY-	ST - 7IP				
14 Ldo bereb	wantifuthat the information name	tional contain about	Contract	13 . Z . st		-1:-0::			

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 spriporation 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 ill changed, or organ attachmosphysis an address.