

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Meeksman
Secretary of State
1900 North Florida Avenue, Tallahassee, FL 32304-0001

**APPROVED
AND
FILED**

55 MAY - 1 1996

FLORIDA DEPARTMENT OF STATE

DOCUMENT # J22721

(1)

HEADS SOUTH, INC.

Principal Place of Business
**6320 15 STE
C5
SARASOTA FL 34243-3263
US**

Mailing Address
**6320 15 ST E
C5
SARASOTA FL 34243-3263
US**

INCORPORATED IN FLORIDA, SARASOTA

3. Date Incorporated or Reg'd **07/02/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2714046** Applied For ☐ Not Applicable ☐
5. Certificate of Status Requested ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has adopted the independent corporate tax reporting Florida Statutes ☐ Yes ☒ No

2. Principal Place of Preparation 2a. Mailing Address
21. State: April # 26. State: April #
22. City: April # 27. City: April #
23. City: April # 28. City: April #
24. City: April # 25. City: April # 29. City: April # 30. City: April #

9. Name and Address of Current Registered Agent

**DANKE, CAROL L.
5111 43 AVE. E.
BRADENTON FL 34208**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 220, 221, and 222, Florida Statutes, this above named corporation certifies that the information furnished on this statement for the purpose of changing its registered office or registered agent is true and correct. 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 222, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation

Signature of the person who is the registered agent for the corporation

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PD DANKE, CAROL L. 5111 43 AVE. BRADENTON FL DS	1. NAME	☐ Change ☐ Addition
2. NAME	DANKE, JAMES A. 5111 43 AVE. BRADENTON FL	2. NAME	☐ Change ☐ Addition
3. NAME	DANKE, JOHN E. 5111 43RD AVE WEST BRADENTON FL	3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law for Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and correct and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 220, Florida Statutes, and that my name appears on the filing of this report.

SIGNATURE: Carol L. Danke **CAROL L. DANKE** **5-1-95** **813-739-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR