

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # J24219 (4)

1. Corporation Name

HESTON INDUSTRIES, INC.

95 MAY -1 AM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

661 NE 125 ST
NORTH MIAMI FL 33161-5503
US

% RICHARD F. OTIS
14845 NW 11 COURT
MIAMI FL 33168-9011

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 661 NE 125 ST

4. FEI Number

59-2696820

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 NORTH MIAMI, FL

Zip

Country

24 33161-5503

25 US

29 33161-5503

30 US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

OTIS, RICHARD F.
14845 NW. 11 COURT
MIAMI FL 33168

81 Name

OTIS, RICHARD F.

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

661 NE 125 ST.

83

84 City

NORTH MIAMI

FL

85 Zip Code

33161

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME OTIS, RICHARD F.
STREET ADDRESS 14845 N.W. 11 COURT
CITY - ST - ZIP MIAMI FL

TITLE VSD
NAME HOLASH, LISE M
STREET ADDRESS 270 NE 200 TERRACE
CITY - ST - ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME OTIS, RICHARD F.
3. STREET ADDRESS 270 NE 200 TERRACE
4. CITY - ST - ZIP N. MIAMI BEACH, FL 33179

5. TITLE ☒ Change ☐ Addition
6. NAME same
7. STREET ADDRESS N. MIAMI BEACH, FL 33179
8. CITY - ST - ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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 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:

Richard F. Otis RICHARD F. OTIS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 305/891-1364
DATE TELEPHONE NUMBER