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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J87663** (7)

1. Corporation Name

HEALD & CO., INC.



Principal Place of Business

**66 GOLFVIEW DRIVE
TEQUESTA FL 33469
US**

Mailing Address

**66 GOLFVIEW DRIVE
550 G. OCEAN BLVD., SUITE 305
TEQUESTA FL 33469
US**

3. Date Incorporated or Qualified
08/10/1987

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **66 GOLFVIEW DRIVE**

22. City & State

27. **TEQUESTA, FL**

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, JANE R.
66 GOLFVIEW DRIVE
TEQUESTA FL 33469**

81. Name

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

83. City

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 the Corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DVT ANDERSON, ROBERT W.**

STREET ADDRESS **66 GOLFVIEW DRIVE**

CITY- ST- ZIP **TEQUESTA FL**

TITLE ☐ DELETE

NAME **DPS ANDERSON, JANE R.**

STREET ADDRESS **66 GOLFVIEW DRIVE**

CITY- ST- ZIP **TEQUESTA FL**

TITLE ☐ DELETE

NAME **D FLYNN, KIM R.**

STREET ADDRESS **66 GOLFVIEW DRIVE**

CITY- ST- ZIP **TEQUESTA FL**

TITLE ☐ DELETE

NAME **D BENDFELT, DONNA**

STREET ADDRESS **12675 150TH LANE**

CITY- ST- ZIP **JUPITER FL**

TITLE ☐ DELETE

NAME **D BURKE, LINDA**

STREET ADDRESS **13229 150TH CT NO**

CITY- ST- ZIP **JUPITER FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

**LINDA JOHNSTON
13229 150TH CT. NO.
JUPITER, FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

407-575-3902

CR2E034 (12/95)