Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90010 050 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M80317

1. Corporation	n Name				- 1				
HEARTLAND UTILITIES, INC.									
						-		II did ii 4/8// 1421	
Principal Place of Business Mailing Address						T TRAINEIL FAR LATIL ANDIAN LITAR FRANC LANG DIRECT	31911 81811 910	14 BIBSI BIBIL BBBS	
P. O. BOX 1991 P. O. BOX 1991									
SEBRING FL 33871 SEBRING FL 33871						DO NOT IMPLIE IN THE SPACE			
					L	DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
Principal Place of Business 2a. Mailing Address					-	05/11/1988 4. FEI Number	- T.	Applied For	
						59-2969240		Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #,								Additional	
22 27						5. Certificate of Status Desired		Required	
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Count	у		8. This corporation owes the current year Ir	tangible		
24 25 29			0			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			1	Name and Address of New Registered	Agent		
CUO	DT LIOWADD		8	1 Name					
SHORT, HOWARD			8	82 Street Address (P.O. Box Number is Not Acceptable)					
10405 US 27 SOUTH			L				•		
SEBRING, FL 33870			8	3					
			8-	84 City		~ 1	85 Zij	p Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes						FI		ito registered	
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized b	y tne corpora	orpora ation's	s board of directors. I hereby accept the appo	intment as	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statute	S.					
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE: F	Remetered An	ent signature requ	urined wh	en reinstating) DATE		î	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE			1.1 TITLE				☐ Chang		
NAME.	SHORT, HOWARD		1.2 NAME			,			
STREET ADDRESS			13 STRE	13 STREET ADDRESS					
CITY-ST-ZIP	0.77.70 P. I		1.4 CITY-	ST-ZIP					
TITLE			2.1 TITLE				Chang	e Addition	
NAME			2.2 NAME			·		į	
STREET ADDRESS			2.3 STRE	ET ADDRESS				,	
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP					
TITLE	DELETE 3.1		3.1 TITLE				☐ Chang	ge	
NAME			3 2 NAME	:					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	3.4, CITY-ST-ZIP				F7 > 164	
TITLE			4.1 TITLE	1			☐ Chang	ge [] Addition	
NAME		4.2		E					
STREET ADDRESS			1	ET ADDRESS				1	
CITY-ST-ZIP		□ nc ====	4.4 CITY-				Chang	ge Addition	
TITLE	i			5.1 TITLE				· – i	
NAME			5.2 NAME			•	•		
STREET ADDRESS			5.4 CITY-	ET ADDRESS		·			
CITY-ST-ZIP		DELETE	6.1 TITLE			<u> </u>	☐ Chang	ge Addition	
TITLE			6.2 NAM6	i					
NAME				ET ADDRESS		,			

CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: