FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:47

DOCUMENT # N36098 (4)

1. Corporation Name
HEARTLAND PRIVATE INDUSTRY COUNCIL, INCORPORATED

Principal Place of Business	Mailing Address
300 PARKVIEW PL LAKELAND FL 33805	300 PARKVIEW PL LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1990
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2987182 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JACKSON, LARRY R. ESQ
300 PARKVIEW PL
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, GARY	1.2 NAME		
STREET ADDRESS	P.O. BOX 90 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP		
TITLE	DVC	2.1 TITLE	DVC	☒ Change ☐ Addition
NAME	LINDSEY, S.LEE	2.2 NAME	Ronnie Hogan	
STREET ADDRESS	P.O. BOX 149 N/A	2.3 STREET ADDRESS	500 Ave R.SW	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Winter Haven, FL	
TITLE	ST	3.1 TITLE		☒ Change ☐ Addition
NAME	DELATORRE,-GAY-	3.2 NAME	Gary Delatorre	(Name Correction)
STREET ADDRESS	702 SOUTH 6TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LAMONA, LINDA	4.2 NAME		
STREET ADDRESS	730 E. MAIN	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DEGENNARO, JAMES	5.2 NAME	Grant Simmons	
STREET ADDRESS	P.O. BOX 1839 N/A	5.3 STREET ADDRESS	P.O. Box 2027 N/A	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	Sebring, FL 33871	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HOGAN, RONNIE	6.2 NAME	Doug Leonard	
STREET ADDRESS	500 AVE.R SW	6.3 STREET ADDRESS	490 E. Davidson	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	Bartow, FL 33830	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Gary Wilson (813) 682-3161
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014960