

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified

01/09/1990

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2987182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	WILSON, GARY	
STREET ADDRESS	P.O. BOX 90 N/A	
CITY-ST-ZIP	BARTOW FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	HOGAN, RONNIE	
STREET ADDRESS	500 AVE R SW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DELATORRE, GARY	
STREET ADDRESS	702 SOUTH 6TH AVE.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMONA, LINDA	
STREET ADDRESS	730 E. MAIN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, GRANT	
STREET ADDRESS	P O BOX 2027 N/A	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, DOUG	
STREET ADDRESS	490 E DAVIDSON	
CITY-ST-ZIP	BARTOW FL	

1.1 TITLE	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONNIE HOGAN %WILLIAM G. ROE & SONS	
1.3 STREET ADDRESS	500 AVENUE R, S.W.	
1.4 CITY-ST-ZIP	WINTER HAVEN, FLORIDA 33880	
2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	H.A. "SKIP" CHURCH % TAMPA ELECTRIC	
2.3 STREET ADDRESS	P.O. BOX 271	
2.4 CITY-ST-ZIP	WINTER HAVEN, FLORIDA 33882	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELIZABETH YOUNG% ALPI	
3.3 STREET ADDRESS	P.O. BOX 3126	
3.4 CITY-ST-ZIP	WINTER HAVEN, FLORIDA 33881	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINDA LAMONA	
4.3 STREET ADDRESS	809 SO. FLORIDA AVENUE	
4.4 CITY-ST-ZIP	LAKELAND, FLORIDA 33801	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DOUG LEONARD	
6.3 STREET ADDRESS	490 E. DAVIDSON	
6.4 CITY-ST-ZIP	BARTOW, FLORIDA 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)(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 617, 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

Date

2/15/96

Daytime Phone #

294-2577

CR2E037 (12/95)