

**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

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LAKELAND FL 33805

3. Date Incorporated or Qualified <b>01/09/1990</b>	3a. Date of Last Report <b>02/21/1995</b>
4. FEI Number <b>59-2987182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CHAIR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, GARY</b>	1.2 NAME	<b>RONNIE HOGAN % WILLIAM G. ROE &amp; SONS</b>
STREET ADDRESS	<b>P.O. BOX 90 N/A</b>	1.3 STREET ADDRESS	<b>500 AVENUE R, S.W.</b>
CITY-ST-ZIP	<b>BARTOW FL</b>	1.4 CITY-ST-ZIP	<b>WINTER HAVEN, FLORIDA 33880</b>
TITLE	<b>DVC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DVC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGAN, RONNIE</b>	2.2 NAME	<b>H.A. "SKIP" CHURCH % TAMPA ELECTRIC</b>
STREET ADDRESS	<b>500 AVE R SW</b>	2.3 STREET ADDRESS	<b>P.O. BOX 271</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	<b>WINTER HAVEN, FLORIDA 33882</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELATORRE, GARY</b>	3.2 NAME	<b>ELIZABETH YOUNG % ALPI</b>
STREET ADDRESS	<b>702 SOUTH 6TH AVE.</b>	3.3 STREET ADDRESS	<b>P.O. BOX 3126</b>
CITY-ST-ZIP	<b>WAUCHULA FL</b>	3.4 CITY-ST-ZIP	<b>WINTER HAVEN, FLORIDA 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMONA, LINDA</b>	4.2 NAME	<b>LINDA LAMONA</b>
STREET ADDRESS	<b>730 E. MAIN</b>	4.3 STREET ADDRESS	<b>809 SO. FLORIDA AVENUE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	<b>LAKELAND, FLORIDA 33801</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, GRANT</b>	5.2 NAME	
STREET ADDRESS	<b>P O BOX 2027 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, DOUG</b>	6.2 NAME	<b>DOUG LEONARD</b>
STREET ADDRESS	<b>490 E DAVIDSON</b>	6.3 STREET ADDRESS	<b>490 E. DAVIDSON</b>
CITY-ST-ZIP	<b>BARTOW FL</b>	6.4 CITY-ST-ZIP	<b>BARTOW, FLORIDA 33830</b>

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)