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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000000609 (6)**

1. Corporation Name

HEARTLAND SAFETY CLOWNS INC.

Principal Place of Business

**2227 SPARROW AVE.
SEBRING FL 33822**

Mailing Address

**2227 SPARROW AVE.
SEBRING FL 33872-3734**3. Date Incorporated or Qualified
02/07/19953a. Date of Last Report
03/30/19964. FEI Number
65-0554039Applied For
Not Applicable

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**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

**HIGGINS, THOMAS A
2227 SPARROW AVE.
SEBRING FL 33822**

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 **P** ☐ DELETE
NAME **VILLONE, SHERI**
STREET ADDRESS **4801 GRANADA AVE**
CITY-ST-ZIP **SEBRING FL 33870**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **VILLONE, JEFREY D**
STREET ADDRESS **4801 GRANADA AVE**
CITY-ST-ZIP **SEBRING FL 33870**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **V** ☐ DELETE
NAME **ADAMS, GARY J**
STREET ADDRESS **4819 6TH ST**
CITY-ST-ZIP **SEBRING FL 33870**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **HIGGINS, THOMAS**
STREET ADDRESS **2227 SPARROW AVE**
CITY-ST-ZIP **SEBRING FL 33872**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **HIGGINS, BARBARA M**
STREET ADDRESS **2227 SPARROW AVE**
CITY-ST-ZIP **SEBRING FL 33872**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara M Higgins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-27-97(941)-382-8405
Date Daytime Phone # 0054364

CR2E037 (9/96)