

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000021838 (6)

1. Corporation Name

HEBBEL CONSULTING, INC.



Principal Place of Business

14323 83RD PLACE N
SEMINOLE FL 34646
US

Mailing Address

PO BOX 41624
ST PETERSBURG FL 33743-624
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

HEBBEL, FRED C
14323 83RD PLACE N
SEMINOLE FL 34646

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
01/13/1995

4. FEI Number

59-3171877

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

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 607.1506, 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

Signature of Registered Agent or Officer, Director, or Authorized Representative

NOTE: Registered Agent signature must be under the following:

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

HEBBEL, FRED C
14323 83RD PLACE N
SEMINOLE FL

☐ DELETE

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED HEBBEL - PRESIDENT 1/15/96 (813) 378-6099

CR2E034 (12/95)