

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000007834 (2)**

1. Corporation Name
HEIDRICH TRANSPORTATION SERVICES, INC.



Principal Place of Business: **260 MAITLAND AVE
ALTAMONTE SPRINGS FL 32715
US**

Mailing Address: **P.O. BOX 151058
ALTAMONTE SPRINGS, FL
ALTAMONTE SPRINGS FL 32715-1058
US**

3. Date Incorporated or Qualified: **01/31/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3221906**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**HEIDRICH, DAVID
260 MAITLAND AVE
SUITE 17
ALTAMONTE SPRINGS FL 32715**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HEIDRICH, DAVID	
STREET ADDRESS	260 MAITLAND AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HEIDRICH, BEVERLY B	
STREET ADDRESS	260 MAITLAND AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HEIDRICH, FRANCIS X SR.	
STREET ADDRESS	800 WESTWIND COURT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE President
3.3 STREET ADDRESS	Beverly B. Heidrich
3.4 CITY-ST-ZIP	260 Maitland Ave Altamonte Springs, FL 32701
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001821365
5.3 STREET ADDRESS	-05/15/96--01001--001
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	5-15-96
6.3 STREET ADDRESS	JR
6.4 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, changed, or on an attachment with an address.

SIGNATURE: **Beverly Heidrich** 5-9-96 767-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (12/95)