


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P94000021536</i>					
1. Corporation Name HEATH AUTO TRANSPORT, INC.					
Principal Place of Business 2327 COCHRAN ST. LAKELAND, FL 33801			Mailing Address 2327 COCHRAN ST. LAKELAND, FL 33801		
2. Principal Place of Business 21 2327 COCHRAN ST. Suite, Apt. #, etc.		2a. Mailing Address 26 2327 COCHRAN ST. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 3/16/96	
22 City & State 23 LAKELAND, FL		27 City & State 28 LAKELAND, FL		3a. Date of Last Report 1995	
24 Zip 33811		25 Country USA		4. FEI Number 59-3245190	
29 Zip 33811		30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent MARK HEATH 2327 COCHRAN ST. LAKELAND, FL 33801			10. Name and Address of New Registered Agent 81 Name PATRICIA A. HEATH 82 Street Address (P.O. Box Number is Not Acceptable) 2327 COCHRAN ST. 83 84 City LAKELAND, FL 85 Zip Code 33801		
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 <i>Mark D. Heath</i> <small>Signature typed or printed name of registered agent and title if applicable</small>			PATRICIA A. HEATH <small>(NOTE: Registered Agent signature required when reinstating)</small>		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <i>D</i> MARK D. HEATH <input checked="" type="checkbox"/> DELETE 1.2 NAME 2327 COCHRAN ST. 1.3 STREET ADDRESS LAKELAND, FL 33801 1.4 CITY - ST - ZIP			1.1 TITLE <i>D</i> PATRICIA A. HEATH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 2327 COCHRAN ST. 1.3 STREET ADDRESS LAKELAND, FL 33801 1.4 CITY - ST - ZIP		
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 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 type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			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"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			5.1 TITLE <input 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"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			4000002150344 -04/22/97--01032--042 ***165.00		
SIGNATURE: <i>Mark D. Heath</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PATRICIA A. HEATH 3/14/97 (941) 688-8562 Date Daytime Phone #		

CR2E034 (9/96)