

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Carolee B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054084 (6)

1. Corporation Name

HEARTWOOD UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
14130 W. 326TH MORRISTON FL 32686		14130 W. 326TH MORRISTON FL 32686	
3. Date Incorporated or Qualified		3a. Date of Last Report	
07/21/1994			
4. FEI Number		Applied For	
59-3076492		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		☐	
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes		☐ Yes ☐ No	
21. Principal Place of Business		2a. Mailing Address	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GORES, ROBIN 5024 N.W. 157TH COURT MORRISTON FL 32668		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 607.1508, 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

Population of State of Florida as of 1990: 13,900,000

12. Officers and Directors

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	2.1 NAME
3. STREET ADDRESS	3.1 STREET ADDRESS
4. CITY, ST, ZIP	4.1 CITY, ST, ZIP
5. TITLE	5.1 TITLE ☐ Change ☐ Addition
6. NAME	6.1 NAME
7. STREET ADDRESS	7.1 STREET ADDRESS
8. CITY, ST, ZIP	8.1 CITY, ST, ZIP
9. TITLE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10.1 NAME
11. STREET ADDRESS	11.1 STREET ADDRESS
12. CITY, ST, ZIP	12.1 CITY, ST, ZIP
13. TITLE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14.1 NAME
15. STREET ADDRESS	15.1 STREET ADDRESS
16. CITY, ST, ZIP	16.1 CITY, ST, ZIP
17. TITLE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18.1 NAME
19. STREET ADDRESS	19.1 STREET ADDRESS
20. CITY, ST, ZIP	20.1 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (b) (7)(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, or on an attachment with an address.

SIGNATURE:

Susan C. Ratay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 904-851-3551
Date Chapter Number