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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056222

HEADS UP CONSTRUCTION INC. OF PANAMA CITY BEACH

rinicipal riaci	e of Business	Mailing Address			118811651 (18 1811) 2(8		: 01/30 0:110 1701		
13506 MIDDLE	BEACH ROAD	13508 MIDDLE BEACH ROA	AD						
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PANAMA CITY BEACH FL 32407		PANAMA CITY BEACH FL 32407			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or C	Qualifed		}	
<u> </u>					07/28/1994				
-	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	polied For	
21		26			<u>59-3268000</u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	sired 🔭		Additional	
22		27						equired	
City & State	e	City & State			6. Election Campaign Fin	- , ,		May Be	
23		28			Trust Fund Contributio			to Fees	
' Žip ├──	Country	Zip	· Cour	ntry	8. This corporation owes	•		No. 1	
24	25		30		Personal Property Tax		□Yes	⊠ No	
	9. Name and Address of Current	Registered Agent	}	81 Nam	10. Name and Address o	T New Registered	Agent	{	
HFA	D, NATHAN	e to the section		OI IVARII	•			ŀ	
	08 A MIDDLE BEACH ROAD	, , , , , , , , , , , , , , , , , , ,	: [82 Stree	t Address (P.O. Box Number is Not	Acceptable)			
	IAMA CITY BEACH FL 32407		1	-				<u> </u>	
1744	PRINT OF TELEVISION	•	ł	83					
			}	84 City			85 Zip	Code	
<u> </u>			l	ــــــــــــــــــــــــــــــــــــــ		<u> </u>	-	}	
11 Pursuant	to the provisions of Sections 60.0502 registered agent, or both, in the State of m familiar with and accept the obligation	and 607.1508, Fletida Statute	s the ab	ove-name	corporation submits this statement	for the purpose of	changing its	registered	
agent. I a	m familiar with and accept the obligation	and of Section 607.0505, Flor	ida Statu	es///		y accept the appo	intrinent as it	gistered	
SIGNATURE		1	Fin	X		Len 14	197	- 1	
	Signature, typed or printed name of registered agent a			Agent signatur	required when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES	TO OFFICERS AF			
TITLE	; P								
	[•	LJ DELL'IE	1.1 TITI				Change	Addition	
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14. I hereby certify that the information supplied with this filing document 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 only indicated on this annual report or supplemental annual report is true and accurate only find 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 of 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90047 011 ***158.75