

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028469 (1)

1. Corporation Name
BLUE HEART, INC.



Principal Place of Business

1501 SKIPPER ROAD
TAMPA FL 33613

Mailing Address

1501 SKIPPER ROAD
TAMPA FL 33613

3. Date Incorporated or Qualified
04/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 1102 E. 139th Avenue

Suite, Apt. #, etc.

22

City & State

23 Tampa, Fl.

Zip

24 33613

Country

25 U.S.A.

2a. Mailing Address

26 1102 E. 139th Avenue

Suite, Apt. #, etc.

27

City & State

28 Tampa, Fl.

Zip

29 33613

Country

30 U.S.A.

4. FEI Number
59-3319906

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEEL, LAURENCE A
13907 N DALE MABRY HWY.
SUITE 208
TAMPA FL 33618

81 Sharbette Burkett

82 1102 E. 139th Avenue

83

84 Tampa,

FL

85 Zip Code
33613

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

Sharbette Burkett

Sharbette Burkett/Sec.

July 17, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☒ DELETE
NAME	ELLIOTT, RONALD	
STREET ADDRESS	1501 SKIPPER ROAD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Don Burkett	
1.3 STREET ADDRESS	1102 E. 139th Avenue	
1.4 CITY-ST-ZIP	Tampa, Fl. 33613	
2.1 TITLE	Vice President	☐ Change ☒ Addition
2.2 NAME	John Candlish	
2.3 STREET ADDRESS	3809 South View Circle	
2.4 CITY-ST-ZIP	Knoxville, Tennessee 37920	
3.1 TITLE	Secretary	☐ Change ☒ Addition
3.2 NAME	Sharbette Burkett	
3.3 STREET ADDRESS	1102 E. 139th Avenue	
3.4 CITY-ST-ZIP	Tampa, Fl. 33613	
4.1 TITLE	Treasurer	☐ Change ☒ Addition
4.2 NAME	Sylvia G. Brent	
4.3 STREET ADDRESS	1102 E. 139th Avenue	
4.4 CITY-ST-ZIP	Tampa, Fl. 33613	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Sharbette Burkett* Sharbette Burkett/Sec.

July 17, 1996 813 972-1038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)