

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000052928 (5)

1. Corporation Name

HEART ALERT INCORPORATED

Principal Place of Business

Mailing Address

12909 NORTH 56TH STREET  
SUITE 304  
TAMPA FL 33617

12909 NORTH 56TH STREET  
SUITE 304  
TAMPA FL 33617



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T  
702 SARASOTA QUAY  
SARASOTA FL 34236

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

4. FEI Number

59-3332588

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

10. Name and Address of New Registered Agent

81 Name

John M. Hoggie

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

12909 N. 56TH ST

83

84 City

TPA

FL

85 Zip Code

33617

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

*John M. Hoggie*

John M. Hoggie President/CEO

4/1/96

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/CEO - Director ☐ DELETE

NAME John M. Hoggie

STREET ADDRESS 11501 Louvre Pl

CITY-ST-ZIP TPA, FL 33617

TITLE Vice President - Director ☐ DELETE

NAME Wayne Mozley

STREET ADDRESS P.O. Box 1135

CITY-ST-ZIP Douglasville, Ga. 30133

TITLE Director ☐ DELETE

NAME William T. Kirtley

STREET ADDRESS 2014 4th St 702 Sarasota Quay

CITY-ST-ZIP Sarasota, FL 34237

TITLE Director ☐ DELETE

NAME James Thane

STREET ADDRESS 8733 Duxway Ct

CITY-ST-ZIP Chamblee, Ga 30341

TITLE Director ☐ DELETE

NAME James Faw

STREET ADDRESS 1502 Wfitchware Suite 101

CITY-ST-ZIP TPA FL 33612

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500001833995

-05/22/96--01021--030

\*\*\*200.00

☒ Change ☐ Addition

Change of  
Address

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

*John M. Hoggie*

John M. Hoggie

4/1/96

(813) 980-2165

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)