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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	IVEN # P96000 IER HEAVY EQUIPMENT, IN	020319 (5 5.)				
Principal Plac	ce of Business	Mailing Address	Mailing Address		a sensings tin (mesh diele matte matte matte		in instinct
4335 HUCKLE SOUTHPORT	EBERRY LANE	4335 HUCKLEBERRY LANE SOUTHPORT FL 32 40 9					
SOUTHPURE	LF 95402				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
A Debugio at I	N (1)	1 no Adultus Address			03/04/1996 4. FEI Number		
2. Principal Place of Business. 2a. Mailing		2a. Mailing Address	y Accress		59-3368339	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.			\$8.75		
22		27		5. Certificate of Status Desired		equired	
City & Stat	le	City & State	···		Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Z(p)	Count	у	8. This corporation owes or has paid the		
24 25		29			Personal Property Tax due June 30. Yes No		
	9, Name and Address of Curren	negistered Agent		1 Name	10. Name and Address of New Register	ea Agent	
HATCHER, ROBERT L 4335 HUCKLEBERRY LANE							
	OUTHPORT FL 32409		82 Stre		fress (P.Ö. Box Number is Not Acceptable)		
00	OTH OTH IE SEADS		8	3	· · · · · · · · · · · · · · · · · · ·		
			8	4 City		05 200	Code
			18	City	F	-L 85 Zip (2006
SIGNATURE	Signature, by the productions of representation OFEICLES AND	DIRECTORS	13.	gent signat re requ	ared when reinstaing) DAT ADDITIONS/CHANGES TO OFFICERS A		
TITLE	ST HATCHED MADV	LJ DELETE	11100			Change	Addition
NAME STREET ADDRESS	HATCHER, MARY 4335 HUCKLEBERRY LANE		1.2 NAM6	T ADDRESS			
CHY+ST-ZIP	SOUTHPORT FL		1.3 SINO				
TITLE	V	DELETE	21 1111			Change	Addition
HAME	JORGENSEN, DANNY L		2.2 NAME				
STREET AUUNESS	4335 HUCKLEBERRY LANE			T ADDRESS			
CITY-ST-ZIP	SOUTHPORT FL 32409	DELETE	2 4 CHY			Change	Addition
TITLE NAME			3.1 TITLE 3.2 NAME			L) Unange	- roomon
STREET ADDRESS			1	1 ADDRESS			
CITY-ST-2#P			3.4. CITY				
TITLE		DELETE	4.1 TUTLE			Change	Addition
NAME			4. 2 NAM	f			
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP	DELETE		4.4 C(TY- 5.1 T(1LE			☐ Change	Addition
NAME	[_] but it		5.2 NAME			- our igo	
STREET ADDRESS				1 ADDRESS			
CITY - ST - ZIP			5 4 C(TY-	1			
TITLE	□ DECETE 6		6.1 7/11/6			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			1	1 ADDRESS			
CITY OF 3ID	ı		E A CHV	C1 7(D			

14. 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, I lorida Statutes: and that my name appears in Block 13 if changed, or 69 an attachment with an address.

1-10.90

FILED

Jun 18 1998 8:00am

Secretary of State