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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

199 DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZW

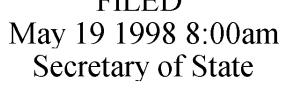
TITLE

Heckle & Jeckles, Inc.

Principal Place		Mailing Address			1100			
512 £	semoran Blud	· (5a	.me^)			_	
(necol	berry PL 375	1/1		,	·			
Casselberry, PL 32707					3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For	
1		26			59.3364876	- F	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired		Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country 25	Ζφ: 29	Coun	try	8. This corporation has liability for intang	ible tax under s		
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Regist	ered Agent		
	· - ·			Name				
Gric B. Jacobs				32 Street Ac	eet Address (P.O. Box Number is Not Acceptable)			
1513-203 Semorari Circle Not				1/7 83				
CONSOLUTER REV. WITHER Park, FL 32792 84 City						72-1-2-		
CONTRACTOR AND LICE ACT ELLE				City		FL 85 Zip	Code	
or register	o the provisions of Sections 607,0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section	 Such change was authorize 	s, the abov d by the co	e-named con orporation's b	poration submits this statement for the purpose pard of directors. I hereby accept the appointment	of changing its re ant as registered	egistered office agent 1 am	
SIGNATURE								
12,	Signature, typed or printed name of registered agent ar OFFICERS AND		E: Registered A	gont signature req	uted when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIDECTO	DC IN 15	
TITLE	D OFFICERS AND	DELETE	1.1 111	ı T	ADDITIONS/CHANGES TO OFFICERS	Change	ASSIV 12	
NAME	ELL D. TOCKE.					[_] Crisinge	₩. ·	
STREET ADDRESS	1513-203 Scmoran	Circle North	1.2 NA	· [
	Wither Park, Fr. 32	2702	. I	EET ADDRESS				
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				REET ADORESS				
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CITY-ST-ZIP				REET ADDRESS				
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NAME		[_] octuse			والمناس والمنا		[] H34	
· -			4.2 NA	- 1	800002531 -05/21/9801092			
STREET ADDRESS			4.3 511	REET ADORESS	-05/21/9801092			

FILED Secretary of State

☐ Change ☐ Acciti



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)(k). Florida Statutes I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I furnished and does not qualify 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 the control of the control o or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S. 1 TITLE S 2 NAME

6. 1 TITLE 6.2 NAME

DELETE

DELETE