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

**CORPORATION ANNUAL REPORT** 1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000058803 (3)

HEIDEL CONSTRUCTION, INC.

Princh	pal Pla	ce of B	usiness

Mailing Address

PA RAY 1881

## **FILED** Apr 28 1997 8:00am Secretary of State



BARTOW FL 33		BARTOW FL 33831-1881						
					3. Date Incorporated or Qualified 07/11/1996	3a. Date of Last F	Report	
2. Principal Pl	lace of Business	26. Mailing Address		•	4. FEI Number	,	pplied For	
21 475 8	S. First Avenue	26			59-3393046	N	ot Applicable	
Sulté, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27			5. Certificate of Status Desired	Fee R	equired	
23]	ow, FL 33830	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip Country		This corporation has liability for intangible tax under s. 199.032,				
24 33830			30	Florida Statutes X Yes No				
	9. Name and Address of Curren	t Registered Agent	81	T Ni	10. Name and Address of New Reg	lstered Agent		
	EL, KENNEDY M		0	Name				
	E F GRIFFIN RD		82	82 Street Address (P.O. Box Number is Not Acceptable)				
BART	TOW FL 33830							
			83	3				
			84	City		85 Zip	Code	
				.1		FL   S   Z   Y		
office or re agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607,1508, Florida Statute: of Florida. Such change was au ations of, Section 607.0505, Flor	s, the abov uthorized b rida Statute	re-named co by the corpor es.	rporation submits this statement for the pi ation's board of directors. I hereby accep	urpose of changing of the appointment as	its registered s registered	
	Signalure, typed or printed name of registered ago			gerd signature req	stired when reinstating)	DATE		
12.	OFFICERS AND		13.	ү-	ADDITIONS/CHANGES TO OFFIC			
TITLE	D	DELETE	111IILE			Change	Addition	
NAME	HEIDEL, KENNEDY M		1.2 NAME					
STREET ADDRESS	2305 E F GRIFFIN RD		13 STREE	T ADDRESS				
CITY-ST-ZIP	BARTOW FL 33830		14 CITY-	ST-ZIP		——————————————————————————————————————		
TITLE		☐ DELETE	2 ) TITLE			Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			23 STREE	T ADDRESS				
CITY-ST-ZIP		Doute	2 4 CITY	ST - ZIP			- Addition	
TITLE		☐ DELETE	3 1 TITLF			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY - ST - ZIP		DELETE	3.4. CITY	- ST - ZIP		Change	Addition	
TITLE		[] Officit	4.1 TITLE			L. Griange	L_) Magnion	
NAME			4. 2 NAM					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP		Change	Addition	
· ·		bitti				[_] Outside	L Addition	
NAME			5.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP		Change	Addition	
TITLE		☐ precit	G.1 TITLE			□1 cualibe	TT WOOTHOU	
NAME			6.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CITY-	\$T-ZIP				

I do 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.