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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000022414 (1)

HEBCO, INC.

Principal Place of Business Mailing Address					I ODDIEDEH IID HATTI INDUK ODIRK HARRI DO	/ 	AN 8181 1881
950 SOMERSET LANE MELBOURNE FL 32940		950 SOMERSET LANE MELBOURNE FL 32940					
	***************************************				DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal Place of Business		U. a. A. dala a a a			03/06/1997		
2. Principal Place of Business 21	28. IVIA	iling Address			4. FEI Number 59-3437028	 	plied For
Suite, Apt. #, etc		Suite, Apt. #, etc.			57-3911020	¢0.75	ot Applicable
22		27			5. Certificate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	
23	28	·			Trust Fund Contribution	☐ Added t	
Zip	Country Zip	ļ	Country		8. This corporation owes or has pai		
24 25	29 d Address of Current Registere	3	0		Personal Property Tax due June		No
<u> </u>		o Agent	61	Name -	10. Name and Address of New Reg	Istered Agent	`
JOHNSON, WILL						ert	
6767 NO WICKHAM ROAD STE 400F MELBOURNE FL 32940			82	_	ess (P.O. Box Number is Not Acceptable	e)	
MELDOUNNE FL	32840		83		50 Somercet	<u> </u>	
			84	City ν	lelbourne	FL 85 Zip 0	Code 940
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 register office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. Lam familiar with, and accept the obligations of, Section 60/,050%, Florida Statutes.							s registered
	and accept the obligations of, Se	clion 607.0505, Florid	da Statutes.		4	11753	
SIGNATURE Signature typed or pr	unted kine of registered a job, and the dapp	Herry (NOIL F	logistered Agen	t signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
TITLE PSTD		DELETE	1.5 TOLE			Change	Addition
NAME HEBERT, A			1.2 NAME				
STREET ADDRESS 950 SOME		1.3 STREET ADDRESS		DDRESS			
	NE FL 32940		1.4 CHY-ST	ZIP			
TITLE		DELETE	21 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST 3.1 TITLE	-7IP		Change	Addition
NAME			3.1 INLE 3.2 NAME		•	☐ Change	L3 Addition
STREET ADDRESS			3.3 STREET A	DODECC			
CITY-ST-ZIP			3.4. CITY-ST	1			
TITLE		DELFTE	4.1 TITLE	- 211	·	Change	Addition
NAME			4. 2 NAME			<u> </u>	
STREET ADDRESS			4.3 STREFT A	ODRESS			
CITY-ST-ZIP			4.4 CITY-ST-				
TITLE		DELETE	5.1 THTLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			
TITLE		☐ DELET e	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DORESS			
DOTY AT TID				1			

14. I 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 13 if changed or on an ayachment with an aridrofs.