

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

FILED
Jul 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000052067 (0)

1. Corporation Name

HETON CORPORATION



Principal Place of Business

Mailing Address

3840-4 WILLIAMSBURG PARK BLVD.
JACKSONVILLE FL 32257

3840-4 WILLIAMSBURG PARK BLVD.
JACKSONVILLE FL 32257

Same
↓

~~1700 S. San Pablo Rd #1019
Jacksonville, FL~~

9283-2 San Jose Blvd
Jacksonville, FL 32257

2. Principal Place of Business

21 9283-2 San Jose Blvd

Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32257

Country

25 USA

2a. Mailing Address

26 9283-2 San Jose Blvd

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32257

Country

30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

59-3521417

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES INC
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/24/98

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

NAME HETSLE, ROBERT G JR
STREET ADDRESS 891 ORANGEWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VD ☐ DELETE

NAME NAUGHTON, MICHAEL
STREET ADDRESS 3840-4 WILLIAMSBURG PARK BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD ☐ DELETE

NAME VICK, DAVID R
STREET ADDRESS 100 FAIRWAY PARK BLVD. #1711
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

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

6/24/98

CR2E034 (10/97)