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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000097130 (3) DOCUMENT #

HEATON CONSULTING, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6865 S ATLANTIC AVENUE 6865 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 16-1471249 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ∏ No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HEATON, GERALD D 6865 & ATLANTIC AVENUE Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32169** 83 Zip Code 84 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 agont and title if applicable (NOT: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 TITLE TITLE ERALD D. HEATON 1.2 NAME NAME SO ATLANTICALE STREET ADDRESS 1.3 STREET ADDRESS BEACH, FL 32169) SMYRNA 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition SECRETARY TITLE 2.1 TITLE CAROLYN HEATON **2.2 NAME** NAME SO. ATLANTIC 2.3 STREET ADDRESS STREET ADDRESS 32169 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition DELETE 611HLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CRTY-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 suppliemental 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 anyaltachment with an address.