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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000097130**

1. Corporation Name

HEATON	CONSULTING, INC.								
Principal Place	of Business	Mailing Address					16)))	IISSE titu san Lest	
2549 HARBOUR LANE SANIBEL FL 33957		2549 HARBOUR LANE SANIBEL FL 33957			DO NOT WRITE IN THIS SPACE				
		•			l	3. Date Incorporated or Qualifed			
*	·					11/14/1997			
Principal Place of Business Za. Mailing A						4. FEI Number	_	Applied For	
21	*	26	<u></u>		}	16-1471249	60 7	Not Applicable 75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired (1 -	e Required	
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Add	ded to Fees	
Zip 24	Country 25	Zip 29	Count	ry		This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes	X No	
	9. Name and Address of Current		15-1			10. Name and Address of New Reg	istered Agent		
			8	1 Name				ţ	
HEATON, GERALD D 2549 HARBOUR LANE			8	32 Street	Addres	s (P.O. Box Number is Not Acceptable	e)		
SAN		8	13						
			8	64 City	•		FL 85	Zip Code	
11 Dureitant	to the provisions of Sections 607.0502	and 607 1508 Florida Statu	tes the abo	ve-named	cornor	ation submits this statement for the pu	roose of changin	g its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	it Florida. Such change was a	autnonzed b	ov the como	oration	s board of directors. I hereby accept the	ne appointment a	is registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Ad	gent signature (required w	rhen reinstating)	DATE		
12.	OFFICERS AND	<u> </u>	13.	, <u>.</u>		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	OTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	=	P		[Z]ena	• –	
NAME	HEATON, GERALD D		1.2 NAM	E	HE	ATON, GERA-D D 549 HARBOUR LAI ANIBEL, FL 339: ATON, CAROLYN 49- HARBOUR LA	. ADD	RESS	
STREET ADDRESS	6865 S ATLANTIC AVENUE		1.3 STR	EET ADORESS	25	149 HARBOUR LAI		HANGE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216	9	1.4 CITY	-ST-ZIP	51	ANIBEL, FL 3393	57	CNLY	
TITLE	S	[] DELETE	2.1 TITLE	Ē	.5			•. —	
NAME	HEATON, CAROLYN		2.2 NAMI	Ε	HE	ATON, CAROLYN	· _ /	4 DORESS	
STREET ADDRESS	6865 S ATLANTIC AVENUE		2.3 STRE	EET ADORESS	25	49 HARBOUR LA	gree -	CHANGE	
· C/TY-ST-ZIP	NEW SMYRNA BEACH FL 3216		2. 4 CITY	/-ST-ZIP	5.	ANIBGL, FL. 3.	<u> </u>	ONLY	
Τ∕Π∟Ε		☐ DELETE	3.1 TITLE	Ē		•	☐ Cha	inge Addition	
NAME			3.2 NAMI	Ε					
STREET ADDRESS			3.3 STRE	EET ADDRESS	3			İ	
CITY-ST-ZIP			3.4. CITY	/-ST-ZIP	<u></u>				
TITLE		☐ DELETE	4.1 TITLE	Ē			☐ Cha	inge Addition	
NAME			4. 2 NAM	ΙE	[
STREET ADDRESS			4.3 STR	EET ADDRESS	i				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	inge	
NAME			5.2 NAM	-					
STREET ADDRESS			5.3 STRI	EET ADDRESS	;				
CITY-ST-ZIP				- ST- ZIP					
TITLE		[] DELETE	6.1 TITLE	ě	1		☐ Cha	inge 🔲 Addition	

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

(1897) (1893) (1893)

NAME

HEATON, PARS. 4/26/99

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90260 046 ***150.00