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**

DOCUMENT # P97000099892 (6)

HEATON AND ASSOCIATES, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place	of Business	Maling Addr	mailing Address												
8919 COUNTRY BEND CIRCLE NORTH JACKSONVILLE FL 32244		8919 COUNTRY BEND CIRCLE NORTH JACKSONVILLE FL 32244							n	O NOT	WRITE	IN THIS S	PACE		
							3. Date	Incorr							
							1			J OI Grae	mea				
· - · · · · · · · · · · · · · · · · · · ·								<u>/21/1</u>						—	
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI N	vumbe >	ווכ	85	<i>-</i> -1	,	_		olied For
21		26					54	1 - 3) 什	00	<u> </u>	!		-	Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.				5. Certif	ficate (of Stati	us Desir	ed				dditional
22		27									··-		F	e Re	quired
City & State)	City & Sta	City & State				Election Campaign Financing \$5.00 May Be								
23		28					Trust Fund Contribution Added to Fees							Fees	
Zip	Country	Country Zip Co			ountry 8. This co			corpor	ation o	owes or	has pai	d the curi	rent ye		
24	25	29	30				Personal Property Tax due June 30. Yes X No								
	9, Name and Address of Cur	rent Registered Age	nt				10, Name	e and	Addre	ess of N	ew Reg	istered /	Agent	•	
HF	ATON, LOUISE S			81	١	Name									
8919 COUNTRY BEND CIRCLE NORTH					9										
	CKSONVILLE FL 32244	NONTH	' ^{''} j			Street Addres	t Address (P.O. Box Number is Not Acceptable)								
JA	CROUNVILLE PL 32244			83	⊢								_	-	
				5											
				84	1	Dity							85	Zip C	ode
	_				L							<u> </u>			
11. Pursuant t	o the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607.1508, F	lorida Sta tutes, t	he above	e-n	amed corpo	ration subr	mits th	is state	ement fo	r the p	urpose of	chang	ing its	registered
office or re	n familiar with, and accept the ot	ate of Florida, Such di digations of, Section 6	607.0505. Florida	Statules	yuu S.	ie corporatio	JII S DUAIU I	or une	Ciors.	i ileien)	accep	t trie app	OII ILI II IC	III DS I	ogistered
Ĭ															
SIGNATURE .	Signature, typed or printed name of registered	l agent and tills it applicable.	(NOTE: Re-	gistered Age	ent s	signature required	d when reinstati	ting)		· · · · · · · · · · · · · · · · · · ·		DATE			
12.	OFFICERS.	AND DIRECTORS		13.			ADDIT	IONS/	CHAN	IGES TO	OFFIC	ERS AND	DIRE	CTORS	3 IN 12
TITLE	P	Ľ	DELETE	1.1 TITLE		1				•			Ch	ange	Addition
NAME	HEATON, LOUISE S			1.2 NAME											
STREET ADDRESS	6919 COUNTRY BEND CH	RCLE NORTH		1.3 STREET	r atsi	OBESS									
	JACKSONVILLE FL 32244														
CITY-ST-ZIP TITLE	U.		DELETE	1.4 CITY - S 2.1 TITLE	31-Z	LIP -							☐ Ch	ande	Addition
l	HEATON, CHARLES C IV	_	Decere											an go	riodition
NAME		DOLE MODILI		2.2 NAME											
STREET ADDRESS	8919 COUNTRY BEND CI			2.3 STREET	[ADI	DRESS									
CITY-ST-ZIP	JACKSONVILLE FL 32244			2. 4 CITY-	ST-Z	ŽIP				· · · · · · · · · · · · · · · · · · ·					
TITLE		L] DELETE	3.1 TITLE		1							L Ch	ange	Addition
NAME				3.2 NAME											
STREET ADDRESS				3.3 STREET	[ADI	DRESS									
CITY-ST-ZIP	TY-ST-ZIP			3.4. CITY - \$1 - ZIP											
TITLE			DELETE	4.1 TITLE					•	•			Ch	ange	Addition
NAME				4. 2 NAME											
STREET ADDRESS				4.3 STREET		nress									
CITY-ST-ZIP				4.4 CITY-5											
			DELETE	5.1 TITLE	>1-7								☐ Ch	ange	Addition
TITLE		L	, Descrip												
NAME	•			5.2 NAME											
STREET ADDRESS	•			5.3 STREET											
"CITY-ST-ZIP				5.4 CITY-S	ST - Z	ZIP							177 -		P-1
TITLE		L.	DELE TE	61 TITLE									∐ Ch	ange	Addition Addition
NAME			1	6.2 NAME											
STREET ADDRESS				6.3 STREET	(AD	DRESS									
CITY-ST-ZIP			ľ	6.4 CITY - S	ST-Z	ZIP									
2111 21 27															

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.