

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90008 006 ***550.00

DOCUMENT # **P98000001991**

1. Corporation Name

HEARTLAND FIRE PROTECTION, INC.

Principal Place of Business

**605 JONES AVE
HAINES CITY FL 33845**

Mailing Address

**605 JONES AVE
HAINES CITY FL 33845**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

59-3484846

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

605 Jones Ave.

Suite, Apt. #, etc.

City & State

Haines City, FL

Zip

33844

Country

USA

City & State

Haines City, FL

Zip

33845

Country

USA

9. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR, #37
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81. Name

GREGORY B. BULLOCK

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

605 JONES AVE

84. City

HAINES CITY, FL

FL

85. Zip Code

33845

I, **GREGORY B. BULLOCK**, 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

OFFICERS AND DIRECTORS

LE	P	<input type="checkbox"/> DELETE
ME	BULLOCK, GREGORY E	
REET ADDRESS	605 JONES AVE	
Y-ST-ZIP	HAINES CITY FL 33845	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BULLOCK, GREGORY B.	
1.3 STREET ADDRESS	605 JONES AVE	
1.4 CITY-ST-ZIP	HAINES CITY FL 33844	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BULLOCK, BEVERLY PAUL	
2.3 STREET ADDRESS	702 JONES AVE	
2.4 CITY-ST-ZIP	HAINES CITY, FL 33844	
3.1 TITLE	SEC-TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BULLOCK, ANCY L.	
3.3 STREET ADDRESS	605 JONES AVE	
3.4 CITY-ST-ZIP	HAINES CITY FL 33844	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

GREGORY B. BULLOCK

GREGORY B. BULLOCK

Date

7/2/99

Daytime Phone #

941-422-1598

CR2E034 (5/99)