Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90073 007 ***150.00

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 # P98000062240

HEARTLAND VENTURES, INC.

| | | | | | · | | | | |
|---|--|-----------------------|---------------------|--------------------|--|---|----------------------|----------|---------------|
| Principal Place | of Business | Mailing Address | Mailing Address | | | | /B118 B1118 11819 11 | 1914 818 | 111 0011 1001 |
| 300 31ST STREET NORTH | | 300 31ST STREET NORTH | | | | | | | |
| SUITE 227 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| 51. PETERSBURG PE 55775 | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 07/15/1998 | | | |
| 2 Principal Pl | and of Rusiness | 2a. Mailing Address | | | | 4. FEI Number | T | Appl | ied For |
| | | | | | | 59 3522205 | <u>-</u> -+ | | Applicable |
| Suite, Apt. | # ata | Suite, Apt. #, etc. | | | | 33 3322203 | \$8.7 | | ditional |
| 22 Suite, Apr. | #, etc. | 27 | | | | 5. Certifcate of Status Desired - | Fee | Requ | uired |
| City & State | . . | City & State | | | | 6. Election Campaign Financing | | | ay Be |
| 23 | | 28 | | | | Trust Fund Contribution | Add | ed to | Fees |
| Zip | Country | Zip | Count | try | | 8. This corporation owes the current year | | - | a |
| 24 | 25 29 | | | | | Personal Property Tax. | Yes_ | | No |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registe | red Agent_ | | |
| | D# 4140/FD | | 18 | B1 | Name | | | | |
| AMEI 343 / | | 8 | 32 | Street Addres | ss (P.O. Box Number is Not Acceptable) | | | | |
| CORAL GABLES FL 33134 | | | 8 | 33 | | | | | |
| | | | 8 | 84 | City | | FL 85 Z | Zip Co | rde |
| | | | | | | | - | ito ec | riotarad |
| 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 | · | | | | | | _ | | { |
| SIGNATORE | Signature, typed or printed name of registered agent | | <u> </u> | gent | t signature required v | | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICER | | | |
| TITLE | | | 1.1 TMU | 1.1 TMLE | | - | ☐ Chan | ge | Addition |
| NAME | MORGAN, FLETCHER E | | 1.2 NAM | 1.2 NAME | | | | | |
| STREET ADDRESS | 300 31ST STREET NORTH | | 1,3 STR | 3 STREET ADORESS | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33713 | | 1.4 CITY | 4 CITY-ST-ZIP | | | | | |
| TITLE | SVD DELETE 2 | | 2.1 TITL | 2.1 TITLE | | | Chan | ge | Addition |
| NAME | MORGAN, MISTY M 221 | | 2.2 NAM | 2.2 NAME | | | | | |
| STREET ADDRESS | AND A LOS CONTRACTOR LANDS | | 2.3 STR | 2.3 STREET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | 2.4 CIT | Y- ST | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITE | | | | ☐ Chan | ige | ☐ Addition |
| NAME | | | 3.2 NAM | Œ | | · | | ' | |
| STREET ADDRESS | | | 3.3.STR | FFT | ADDRESS | | | | ` } |
| | | | 3.4. CIT | | ľ | ÷ . | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITU | | I-ZIF | | [] Chan | | Addition |
| | • | (_, 5 | 4. 2 NAM | | ļ | • | _ | • | _ (|
| NAME | · | | 1 | | ADDDECC | | | | ļ |
| STREET ADDRESS | | • | | | ADDRESS | | | | |
| CITY-ST-ZIP | | □ DELETE | 4.4 CITY | _ | -ZIP | <u></u> | | MIE | Addition |
| TITLE | | | 5.1 TITL 5.2 NAM | | | | | | |
| NAME | | | | | | • | | | ł |
| STREET ADDRESS | | | 5.3 STR | EET. | ADDRESS | • | | | \ |

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

DELETE

7273280053