


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
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FILED  
99 NOV 17 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



6/17/99 900071006 \$150.00  
DO NOT WRITE IN THIS SPACE

DOCUMENT # S55963  
1. Corporation Name  
HIERS, INC.

Principal Place of Business 5654 GREEN FOREST DR JACKSONVILLE FL 32244	Mailing Address 5654 GREEN FOREST DR JACKSONVILLE FL 32244
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2. Principal Place of Business 21 8537 Marlee Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 8537 Marlee Rd. Suite, Apt. #, etc.
22 City & State 23 Jax Fla.	27 City & State 28 Jax Fla.
24 32244 25 Duval	29 32244 30 Duval

3. Date Incorporated or Qualified 05/30/1991	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
HIERS, JEAN L.  
8537 MARLEE RD  
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HIERS, JEAN L.	1.2 NAME	
STREET ADDRESS	8537 MARLEE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GOOGE, BILLIE JEAN	2.2 NAME	
STREET ADDRESS	5654 GREEN FOREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HIERS, DEBRA J	3.2 NAME	
STREET ADDRESS	7005 OLD MIDDLEBURG RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HIERS, KELLY	4.2 NAME	
STREET ADDRESS	8545 MARLEE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE \_\_\_\_\_ 4-28-99 904-779-2829