

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71816 (5)

1. Corporation Name
HEARTLAND PRINTING, INC.



Principal Place of Business
**1000-A WEST MAIN STREET
AVON PARK FL 33825**

Mailing Address
**1000-A WEST MAIN STREET
AVON PARK FL 33825**

3. Date Incorporated or Qualified **10/19/1992** 3a. Date of Last Report **04/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-4144209	Applied For	
22	Suite, Apt. #, etc. 600 W MAIN ST	27	Suite, Apt. #, etc. 600 W MAIN ST	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State AVON PARK FL	28	City & State AVON PARK FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip 33825	25	Country HIGHLANDS	29	Zip 33825	30	Country HIGHLANDS
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

HOKE, CHARLES
1000-A WEST MAIN STREET
AVON PARK FL 33825

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600 W MAIN ST
83 **AVON PARK**
84 City
FL 85 Zip Code **33825**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOKE, CHARLES	1.2 NAME	
STREET ADDRESS	5643 C.R. 64 EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOKE, EUGENIA	2.2 NAME	
STREET ADDRESS	5643 C.R. 64 EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEW, SHARI	3.2 NAME	
STREET ADDRESS	6851 GREEN CREEK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE NC	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEW, GARY	4.2 NAME	
STREET ADDRESS	6851 GREEN CREEK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE NC	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Eugenia K Hoke* X Date: **941-453-7575**

CR2E034 (12/95)