

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **596940** (7)
1. Corporation Name:
HERITAGE GREENHOUSES, INC.



Principal Place of Business: **P O BOX 223 MOUNT DORA FL 32757**
Mailing Address: **P O BOX 223 MOUNT DORA FL 32757**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
g. Name and Address of Current Registered Agent: 30

**CONNER, DOROTHY H
93 WOLF BRANCH ROAD
SORRENTO FL 32776**

3. Date Incorporated or Qualified: **12/12/1978**
3a. Date of Last Report: **03/24/1995**
4. F.I. Number: **59-1893539**
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 has liability for intangible tax under s. 193.032 Florida Statutes: Yes No
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: **FL**

11. Pursuant to the provisions of Sections 072.04(1) and 072.04(2), Florida Statutes, the above named corporation's directors hereby state that 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 072.04(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	CONNER, DOROTHY H	
STREET ADDRESS	93 WOLF BRANCH ROAD	
CITY-STATE-ZIP	SORRENTO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONNER, DOROTHY H.	
STREET ADDRESS	93 WOLF BRANCH ROAD	
CITY-STATE-ZIP	SORRENTO FL	
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.02(3)(g), Florida Statutes. I further certify that the information provided on this form is correct or, if applicable, the information is true and correct as true and applicable and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation in the capacity or function or position for which this report is required by Chapter 067, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached page with an address.

SIGNATURE: *Dorothy H. Conner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Dorothy H. Conner**
4-8-96 904 3838280

CR2E034 (12/95)