## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jun 13 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000080792** (0)

HERITAGE GREEN, INC.

nenitace directly into					
Principal Place of Business		Mailing Address			T DERIVERAL SITE DESIGN BOSTO BOSTO RESIST RESIST OF CONTRACTOR STATE ST
101 BIG BEND ROAD RUSKIN FL 33572 107 RUSKIN FL 33572-1407					
,					3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1996
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			59-340 506 2 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Ζφ	Coun	ry	8. This corporation has liability for intangible tax under s. 199.032,
24	9. Name and Address of Current	29 Panistared Agent	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent
DE:		Hadistalan Mailt		1 Name	IV. Hallie and Address of New Hegistered Agent
	ynolds, stephen H esq   E. Madison street		-		(200 20 1)
SUITE 2300			٤	2 Street A	Address (P.O. Box Number is Not Acceptable)
	MPA FL 33602		8	3	
1			Ē	4 City	B5 Zip Code
Digenest to the providence of Costons CO2 0000 and CO2 1000 Florida Clatutes					FL 8 20 Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statules.					
SIGNATURE Signature, typed or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD PLONE DOCC C	☐ DELETE	1.1 TITL		☐ Change ☐ Addition ☐
NAME	ELSBERRY, ROSS S HWY #41 & STATE RD	670	1.2 NAM		
STREET ADDRESS CITY-ST-ZIP	RUSKIN, FL 33572	072	1	ET ADDRESS   -ST-ZIP	
TITLE	STD STD	DELETE	2.1 1(1)		Change Addition
NAME	ELSBERRY, DONALD L.		2.2 NAM	F	
STREET ADDRESS	HWY #41 & STATE RD		2.3 STRE	FT ADDRESS	
CITY-ST-ZIP	RUSKIN, FL 33572			-ST-ZIP	
TITLE	VD	☐ DELETE	31 1111	- 1	· Change  Addition
NAME	ELSBERRY, TERRY L		3.2 NAM	i	
STREET ADDRESS CITY-ST-ZIP	HWY #41 & STATE RD	672		ET ADDRESS	
TITLE	RUSKIN, FL 33572	DELETE	4.1 TITL	'-ST-ZIP	Change Addition
NAME	VD PRODUCE D	_	4. 2 NAN		
STREET ADDRESS	ELSBERRY, BRUCE P. HWY # 41 & STATE RD	672	4.3 STRE	FT ADDRESS	
City-St-Zip	RUSKIN, FL 33572		4.4 CITY	- ST - ZIP	
TITLE	VD	DELETE	5.1 TITU		□ 99agge □ 40dition
HAME	BENUS, LYNN		5.2 NAM		Al laka A
STREET ADDRESS	HWY #41 & STATE RD	672	4	FT ADDRESS	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP TITLE	RUSKIN, FL 33572	☐ DELETE	5.4 City 6.1 Titu		LChange Addition
NAME :	PD		6.2 NAM	1	000002198940 * -
· · ·	THOMAS TODO				-06/03/9701006007

14. I do hereby Ref Bkt At the Forma 68 5.72 and 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 to 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.