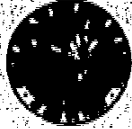


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 18 PM 11:25

DOCUMENT # 733800 (7)

1. Corporation Name
SOUTHWEST HERITAGE, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
1051 5TH AVE SO NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/10/1975** 3a. Date of Last Report **03/11/1994**

4. FEI Number **59-1641624** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WHITE, DENNIS R
4099 TAMAMI TRL N. #300
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	MCKEE, C. LODGE I
STREET ADDRESS	53 BROAD AVE. SO.
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	FLEWELLING, LINDA
STREET ADDRESS	165-B BRISTOL LANE
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	BUYSSEE, LIANA M.
STREET ADDRESS	900 AQUA CIR
CITY-ST-ZIP	NAPLES FL
TITLE	PD
NAME	WEGEL, JAMES R.
STREET ADDRESS	2825 LEEWARD ST.
CITY-ST-ZIP	NAPLES FL
TITLE	TD
NAME	GARNER, JOHN
STREET ADDRESS	900 6TH AVE SO. #204
CITY-ST-ZIP	NAPLES FL
TITLE	S
NAME	WHITE, DENNIS R
STREET ADDRESS	4099 TAMAMI TRL N. #300
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AHEARN, CHARLES, J.
2.3 STREET ADDRESS	4001 TAMAMI TRAIL N.
2.4 CITY-ST-ZIP	NAPLES, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	STEINBECK, MARGARET O.
3.4 CITY-ST-ZIP	821 FIFTH AVE. S. #201
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Weigel 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR (Type) Daytime Phone #