


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733800 (7)**

1. Corporation Name  
**SOUTHWEST HERITAGE, INC.**



Principal Place of Business <b>1051 5TH AVE SO NAPLES FL 33940</b>	Mailing Address <b>1051 5TH AVE SO NAPLES FL 33940</b>
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3. Date Incorporated or Qualified <b>09/10/1975</b>	
4. FEI Number <b>59-1641624</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. <b>34102</b>	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. <b>34102</b>
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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. City
84. State <b>FL</b>
85. Zip Code <b>34103</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MCKEE, C. LODGE I</b>	
STREET ADDRESS	<b>53 BROAD AVE. SO.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>AHEARN, CHARLES J</b>	
STREET ADDRESS	<b>4001 TAMAMI TRAIL NORTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HARTMANN, LEONA</b>	
STREET ADDRESS	<b>121 2ND ST SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>WEIGEL, JAMES R.</b>	
STREET ADDRESS	<b>2825 LEEWARD ST.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>GARNER, JOHN</b>	
STREET ADDRESS	<b>900 6TH AVE SO. #204</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>WHITE, DENNIS R</b>	
STREET ADDRESS	<b>4099 TAMAMI TRL N. #300</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *(Signature)* **Heritage 1998 (94) 212-1776**

CR2E087 (10/97)