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03-22-1999 90084 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733800

1. Corporation Name

SOUTHWEST HERITAGE, INC.

Principal Place of Business

1051 5TH AVE SO
 NAPLES FL 34102
 US

Mailing Address

1051 5TH AVE SO
 NAPLES FL 34102
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/10/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1641624

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, DENNIS R
 4099 TAMiami TrL N. #300
 NAPLES FL 34103

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME MCKEE, C. LODGE I
 STREET ADDRESS 53 BROAD AVE. SO.
 CITY-ST-ZIP NAPLES FL

1.1 TITLE VD
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD
 NAME AHEARN, CHARLES J
 STREET ADDRESS 4001 TAMiami TRAIL NORTH
 CITY-ST-ZIP NAPLES FL

2.1 TITLE TD
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE VD
 NAME HARTMANN, LEONA
 STREET ADDRESS 121 2ND ST SOUTH
 CITY-ST-ZIP NAPLES FL

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE VD
 NAME WEIGEL, JAMES R.
 STREET ADDRESS 2825 LEEWARD ST.
 CITY-ST-ZIP NAPLES FL

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE TD
 NAME GARNER, JOHN
 STREET ADDRESS 900 6TH AVE SO. #204
 CITY-ST-ZIP NAPLES FL

5.1 TITLE PD
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE S
 NAME WHITE, DENNIS R
 STREET ADDRESS 4099 TAMiami TrL N. #300
 CITY-ST-ZIP NAPLES FL

6.1 TITLE VD
 6.2 NAME Swartz, Walter E.
 6.3 STREET ADDRESS 5224 31st Place SW
 6.4 CITY-ST-ZIP NAPLES, FL 34116

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Walter E. Swartz* Walter E. Swartz March 16, 1999-941-262-1776

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