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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90185 023 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000004746

1. Corporation Name

HERITAGE TELECOMMUNICATIONS CORPORATION

Principal Place of Business

**1899 L STREE NW #500
WASHINGTON DC 20036**

Mailing Address

**1899 L STREE NW #500
WASHINGTON DC 20036**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

52-2017328

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

1219 Connecticut Avenue

Suite, Apt. #, etc.

NW, Suite 200

City & State

Washington, DC

Zip

20036

Country

USA

2a. Mailing Address

Same

Suite, Apt. #, etc.

City & State

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9. Name and Address of Current Registered Agent

**PETERS, JOHN
1104 DRIFTWOOD LANE
FT PIERCE FL 33482**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **PDC**
NAME **PETERS, LOUANNER**
STREET ADDRESS **1899 L STREE NW #500**
CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE **VTDC**
NAME **HODGE, MICHAEL**
STREET ADDRESS **1899 L STREE NW #500**
CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE **SD**
NAME **HODGE, ALBERT**
STREET ADDRESS **1899 L STREE NW #500**
CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE **D**
NAME **BUTZ, THOMAS**
STREET ADDRESS **1899 L STREE NW #500**
CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

6.1 TITLE
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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-99

202-530-0484

CR2E034 (11/98)