

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G32692** (7)

1. Corporation Name

HERITAGE REALTY AND MANAGEMENT, INCORPORATED

Principal Place of Business

Mailing Address

% CLYDE W. DAVIS
13 N. FOURTH ST.
FERNANDINA BEACH FL 32034

% CLYDE W. DAVIS
13 N. FOURTH ST.
FERNANDINA BEACH FL 32034



2. Principal Place of Business	2a. Mailing Address
21 % Clyde W. Davis	26 % Clyde W. Davis
22 20 South Fifth Street	27 20 South Fifth Street
23 Fernandina Beach, FL	28 Fernandina Beach, FL
24 32034	29 32034
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1983	04/12/1995
4. FEI Number	Applied For
59-2630551	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

DAVIS, CLYDE W.
13 N. FOURTH ST
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name	Davis, Clyde W.
82 Street Address (P.O. Box Number is Not Acceptable)	20 South Fifth Street
83	
84 City	Fernandina Beach
85 Zip Code	FL 32034

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 date of appointment

(NOTE: Registered Agent sign the document when registered)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINBOTHAM, HELEN S.	1.2 NAME	
STREET ADDRESS	2358 INVERNESS ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	FERNANDINA BEACH FL	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Helen S. Higginbotham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-261-0100
Daytime Phone

CR2E034 (12/95)