

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90152 049 ***150.00

DOCUMENT # G54141

1. Corporation Name
HERITAGE CLUB, INC.

Principal Place of Business

3030 LBJ FRWY #700
P.O. BOX 819087
DALLAS TX 75381

Mailing Address

3030 LBJ FRWY #700
P.O. BOX 819087
DALLAS TX 75381

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1983

4. FEI Number

75-1900978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT	
STREET ADDRESS	3030 LBJ FRWY. #700	
CITY-ST-ZIP	DALLAS TX	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HINCKLEY, JAMES	
STREET ADDRESS	3030 LBJ FRWY #700	
CITY-ST-ZIP	DALLAS TX 75381	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, TERRY A	
STREET ADDRESS	3030 LBS FRWY #700	
CITY-ST-ZIP	DALLAS TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JAHNKE, JEFFREY	
STREET ADDRESS	3030 LBJ FRWY #700	
CITY-ST-ZIP	DALLAS TX 75381	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUGLAS HOWE	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID LARGENT	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMAS HENSLEE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RON TAYLOR	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)