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FILED
Jun 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
-1997



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

DOCUMENT # H21915

(4)

1. Corporation Name

HERITAGE PLAZA SERVICE CO., INC.



Principal Place of Business

1325 WEST BEAVER ST.
JACKSONVILLE FL 32209
US

Mailing Address

P.O. BOX 40706
JACKSONVILLE FL 32203-0706
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/20/1984

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2962502

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

JOHNSTON, ANN
1325 W. BEAVER ST., P.O. BOX 40706
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

81 Name

D. C. DAWKINS, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

1325 W. BEAVER ST.

83

(P. O. BOX 40706)

84 City

JACKSONVILLE

FL

85 Zip Code

32203

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

5/15/97

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME JOHNSTON, ANN
STREET ADDRESS 4502 IRVINGTON AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DVT ☐ DELETE

NAME DAWKINS, DEWITT C., JR.
STREET ADDRESS 4502 IRVINGTON AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

PRESIDENT, TREAS., DIR ☒ Change ☐ Addition

VP, S, DIR
D. CLINTON DAWKINS, III
1325 W. BEAVER ST
JACKSONVILLE, FL 32209

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

D. C. DAWKINS, JR.

4/21/97

904-355-3104

CR2E034 (9/96)