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

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J99195

(6)

HERITAGE GROVE CO. INC.

LAKE WALES FL 33853

				1841/4 7/40 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4 1844/4	!		
Principal Place of Business		Mailing Address		i imbitem mitt ebeim enege eithig im im; diet deut mini	I EINLI AIRIE ALAN AINH IMPI		
% George Edwin Albritton 1163 South Lakeshore BLVD. Lake Wales FL 33853		% George Edwin Albritton 1163 South Lakeshore BLVD. Lake Wales FL 33853		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 10/28/1987			
2. Principal Place of Business		2a. Mailing Addre	ess	4. FEI Number	Applied For		
21		26		59-2857430	Not Applicat		
Suite, Apt.	#, etc	Suite, Apt #,	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6, Election Campaign Financing Trust Fund Contribution			
Zip 24	Country 25	Zip [29]	Country 30		Yes No		
	g. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registered	Agent		
	BRITTON, GEORGE EDWIN	_	81 Name				
1163 SOUTH LAKESHORE BLVD.			82 Street	Address (P.O. Box Number is Not Acceptable)			

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

83

City 84

agent. I ar	m familiar with, and accept the obligations of,	Section 607. <b>0</b> 5 <b>0</b> 5, Flo	rida Statutes.		
SIGNATURE	Signature, typod or ported harne of registered agent and blieft.	arganaha (NOT)	Registered Agent signature rag	uited when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	ALBRITTON, GEORGE EDWIN		1.2 NAME		
STREET ADDRESS	1163 S. LAKESHORE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP		
TITLE	D	DELFTE	21 TITLE	☐ Change	Addition
NAME	ALBRITTON, BARBARA S.		2.2 NAME		
STREET ADDRESS	1163 S. LAKESHORE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change	Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE	Change	Addition
NAME			\$ 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DEFELE	6.1 TITLE	☐ Change	Addition
NAME			62 NAME		l
STREET ADDRESS			6.3 STREET ADDRESS		
					i

14. I hereby certify that the information supplied with this filling 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 suppliemental arrival 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 trusted 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE APPLIES AND VETO OR PRINTED WAYS OF SIGNING OFFICER OF TREETING.

85

Zip Code

**FILED** 

Feb 10 1998 8:00am

Secretary of State

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