## 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

## DOCUMENT # J99195 1. Corporation Name

HERITAGE GROVE CO. IN	IC.					
Principal Place of Business	Mailing Address			1 (40)(10 gills laids laids laids and and		******
% GEORGE EDWIN ALBRITTON % GEORGE EDWIN ALBRITTON 1163 SOUTH LAKESHORE BLVD. 1163 SOUTH LAKESHORE BLVD LAKE WALES FL 33853 LAKE WALES FL 33853				DO NOT WRITE IN TH	IS SPAÇI	E
				<ol> <li>Date Incorporated or Qualified</li> <li>10/28/1987</li> </ol>		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For
21	26			59-2857430		Not Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired		.75 Additional ee Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be
Zip Countr	y Zip C	ountry		This corporation owes the current year I     Personal Property Tax.	ntangible	
1= · 1	ess of Current Registered Agent			10. Name and Address of New Registere	d Agent	
ALBRITTON, GEORGE ED		81	Name			
1163 SOUTH LAKESHOR	E BLVD.	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
LAKE WALES FL 33853		83		·		
		84	City	F	L 85	Zip Code
office or registered agent or both	tions 607.0502 and 607.1508, Florida Statutes, th., in the State of Florida. Such change was authori ept the obligations of, Section 607.0505, Florida S	zed by	the corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing of the change of t	ng its registered as registered
SIGNATURE	And Washington			ed when reinstating) DATE		<del></del>
Signature, typed or printed name	e of registered agent and title if applicable. (NOTE. Regist	ELGO AGE	· siAtrarrate teditise	or when tensionally		EOTODO INLAO

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90058 049 \*\*\*150.00

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Applied For Not Applicable

office or re	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flor in familiar with, and accept the obligations o	ida. Such change was au	ithorized by the corpora	rporation submits this statement tion's board of directors. I hereb	for the purpose by accept the app	of changing its recontreent as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and titl	o if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	DATE		<u> </u>
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTOR	RS 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			4	
CITY-ST-ZIP	LAKE WALES FL		1.4 CiTY-ST-ZiP				1
TITLE	D	☐ DELETE	2.1 TITLE		+	Change	Addition
NAME	ALBRITTON, BARBARA S.	_	2.2 NAME		•		
STREET ADDRESS	1163 S. LAKESHORE BLVD.		2.3 STREET ADDRESS		**		'
	LAKE WALES FL		2.4 CITY-ST-ZIP			. <del></del> -	
CITY-ST-ZIP	Date Wiles	DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
	·		3.3 STREET ADDRESS				
STREET ADDRESS			3.4 CITY-ST-ZIP				
CITY-ST-ZIP		□ DELETE	4.1 TITLE		Ph	[ ] Change	Addition
TITLE			4.2 NAME		•	_ ,	_
NAME			1		• *		
STREET ADDRESS			4.3 STREET ADDRESS	,			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		<del></del>	☐ Change .	Addition
TITLE		☐ DETEIE	5.1 TITLE			. Change .	
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				r Adda
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	and if the 4 the information a popular with this		6.4 CITY-ST-ZIP				

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 informati 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.