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

PROFIT



FLORIDA DE PARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996	Sandra B. Morthan: Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # K58: 1. Corporation Name: HERITAGE ELECTRIC, INC.	327 (3)		1 180 MAR 201 CHON PARE MAR HEN	
Principal Place of Business 1344 NORTHEAST JENSEN BEACH BLVD. JENSEN BEACH FL 34957	Mailing Address 1344 Northeast Jensel Jensen Beach Fl 34957			1980 BABII 81911 BIBN BIBN BIBN BIBN BIBN 1881
			3. Date Incorporated or Qualified 01/13/1989	3a. Date of Last Report 02/21/1995
2. Principal Place of Business	2a. Mailing Address 26.		4. FEI Number 65-0094159	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7rp	Country	8. This corporation has liability for	
9. Name and Address of	1==1	30	10. Name and Address of New I	
Pursuant to the pre-sions of Sections 60 or registered againt, ar both, in the State familiar with, and to the pre-sions of sections 60 or registered againt, ar both, in the State familiar with, and to tept the obligations.	7,0502 and 607,1508, Florida Statutes	84 City the above named corpo	ration submits this statement for the po	FL 85 Zip Code Irpose of changing its registered offici- pointingent as registered agent. Tam
or registered agrint, or both, in the State, familiar with, and appet the obligations.	artist /	Registers Ayorsquares expenses	W/	af 20'96
Sign in to the property of	RS AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
IZ. OFFICE ITLE PST GARBER, WAYNE STREET ADDRESS 2962 SW PRINCE RD.	DELETE	E 1 TIBLE 12 NAME 13 STREET ADDRESS		Change Addition
PT. ST. LUCIE FL	☐ OFLETE	1.4.2(f) \$1.2(f) 2.1 E.4(f)		☐ Change ☐ Addition
NAME STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS 2.4 C(TY+S) Z/F		
OTY ST-ZIP OTLE LAME STREET ADDRESS	☐ DELETE	3 1 THLE 32 NAME 33 STREET ADDRESS		Change Addition
DITY-\$1-2IP TITLE NAME	DELETE	3.4 CD Y ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS OITY-ST-ZIP TITLE	C) DEFEIR	4.4 CTY S1 7/2 5.1 THEF 5.2 NAME		Change Addition
STREET ADDRESS CITY - ST - ZiP TITLE	☐ DECETE	5.9 STREET ADDRESS 5.4 CHY-ST-Z-P 6.1 TICLE		☐ Change ☐ Addition
NAME STREET ADDRESS		6.3 STREET ADDITIONS		

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 1° 9.07(3)(k), Fiorida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and about that my signature shall have the same legal effect as if made under certify that I an 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 Biock 13 or Biock 14 or Biock 15 or Biock 15 or Biock 15 or Biock 16 or Biock 16 or Biock 17 or Biock 17 or Biock 17 or Biock 17 or Biock 18 or Biock 17 or Biock 18 or Biock 19 or Bioc

6.4.0(TY - \$1 - Z)F