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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED

Mar 19 1998 8:00am

Secretary of State

| HERITAGE PANAMA, INC. | | | | | |
|--|---|---------------------------------------|---|---|------------------------------------|
| | | | | | |
| Principal Plac | e of Business | Mailing Address | | T INDIIDIT BUT INGIL DIUTU LUTUL IJOHL F(E) GRUK | BIBIN BIBIN BEBIN BEBIN BIBIE IABN |
| 1834 HERMIT | TAGE BLVD. | 1834 HERMITAGE BLVD. | | | |
| SUITE 201 | P 51 44400 | SUITE 201 | | DO NOT WRITE IN T | WO OR 4 OF |
| TALLAHASSE | E FL 32308 | TALLAHASSEE FL 32308 | | DO NOT WRITE IN TH 3. Date Incorporated or Qualified | IIS SPACE |
| | | | | 09/12/1989 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2108407 | Not Applicable |
| Suite, Apt. | #, otc | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | 0 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | 7(p | Country | 8. This corporation owes or has paid the | |
| 24 | [25] | [29] [30 |)] | Personal Property Tax due June 30. | ∐ Yes ☐ No |
| 446 | 9. Name and Address of Curre | nt Registered Agent | 81 Name | 10. Name and Address of New Register | ad Agent |
| morroe, nomen a | | | | | |
| | 11-N-MONROE-ST-#203 | | 82 Straet | Address (P.O. Box Number is NewAcceptable) | |
| Tallahassee FL 32308 | | | 00 | | |
| | | | " Xe | 201 | |
| | | | 84 -Qity 1 | Jahassel F | L 85 32308 |
| 11. Pursuant | to the provisions of Sections 607.0% | 12 and 417 1508 Florida Statutes | the above-named | | |
| 11. Pursuant to the provisions of Sections 607.05:02 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 Lorida 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with a corporation of the corporation of the corporation of the corporation of the purpose of changing its registered agent. I am familiar with a corporation of the corporatio | | | | | |
| | | Seelion 607,0505, Florid | ia Statutes. | લો : | યુવ8 |
| SIGNATURE | Storeture, typigh is primary famor of registered ag | containd title if applicable (NOTE Fo | epistered Agent signature | required when reinstating) DAT | <u>470</u> |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTORS IN 12 |
| TITLE | V | DELETE | 1.1 TITLE | | Change Addition |
| NAME | MOTTICE, JOHN P | | 1.2 NAME | /// A S. | ••• |
| STREET ADDRESS 2411 N MONROE ST, #203 | | 1.3 STHEET ADDRESS | 1834 Hermitage Blud. Ste Tallahaseer FL 3230 | : 201 | |
| CITY-ST-ZIP | JALLAHASSEE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | PS | Change Addition |
| NAME | | | 2.2 NAME | HOMER J. MOTTICE | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 1834 HERMITAGE BWD, TALLAHASSEE, FL 3230 | 51E. 201 |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ZIP | TALLAHASSEE, FL 3230 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | į |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-ST-ZIP | | Character 1 de la company |
| TITLE | | C Deterie | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| NAME | | | 5.1 THLE 5.2 NAME | | T Outring T Monthall |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5 3 STREET ADDRESS | | |
| TITLE | | DELETE | 54 CITY-ST-ZIP 61 TITLE | | Change Addition |
| NAME | | ~ verest | 62 NAME | | Towns Titemedii |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 44 15-21-21 | | | 0.4 0111 - 31 - 217 | | |

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 chapter 607, an attachment with an action.

8503862117