

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90108 039 \*\*\*150.00

DOCUMENT # L60345

1. Corporation Name  
HERITAGE PARTNERS OF TAMPA, INC.



Principal Place of Business  
238 E DAVIS BLVD  
TAMPA FL 33606

Mailing Address  
238 E DAVIS BLVD  
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1990

4. FEI Number

59-2678550

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2604 Watrous Ave.

26 2604 Watrous Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, Fla.

City & State

28 Tampa, Fla

Zip

24 33629

Country

25 Hillsborough

Zip

29 33629

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

BURT, JAMES T.  
238 E. DAVIS BLVD.  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

James T. Burt II

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

2604 Watrous Ave

83

84 City

Tampa

FL

85 Zip Code

33629

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.

James T. Burt II President

(NOTE: Registered Agent signature required when reinstating)

April 30, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME BURT, JAMES T II  
STREET ADDRESS 101 E. KENNEDY BLVD., STE. 4000  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE PD  
NAME BURT, JAMES T., SR.  
STREET ADDRESS 238 EAST DAVIS BLVD.  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE VPD  
NAME POE, WILLIAM F  
STREET ADDRESS 511 BAY ST., STE. 400  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTO  
1.2 NAME Burt, James T. II  
1.3 STREET ADDRESS 101 E Kennedy Blvd 2604 Watrous Ave,  
1.4 CITY-ST-ZIP Tampa, Fla. 33629

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

President

4-30-99

Date

813-280-9576

Daytime Phone #

CR2E034 (11/98)