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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

## 1996

M88446

(3)

DOCUMENT # 1. Corporation Name

HERIT	AGE LAND GROUP, INC.								li
Principal Place of Business  11217 SAN JOSE BLVD  JACKSONVILLE FL 32223  Mailing Address  11217 SAN JOSE BLVD  JACKSONVILLE FL 32223  JACKSONVILLE FL 3222							<b>                                    </b>	<b>a</b> it <b>a</b> fbit <b>bib</b> it f <b>i</b>	ĮĮ.
US		US			3. Date incorporated or Qualified 07/06/1988		3a. Date of Last Report 04/04/1995		
2. Principal Place of Business		2a. Mailing Address			4. FLI Number	·	TÌ	Applied For	$\dashv$
21 Suita Aril III	Ala ala	26			59-0458709			Not Applicabl	e
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition				
City & State		City & State		6. Election Campaign Financing	5.00 May Be			$\dashv$	
23		28		Trust Fund Contribution	Added to Fees			_	
Zip Country <b>25</b>		Zip 29	··· 1 · · · · · · · · · · · · · · · · ·			ibility for intangible tax under s. 199.032,			
	9. Name and Address of Curren		30		10. Name and Address of New Ro		pent		
	· · · · · · · · · · · · · · · · · · ·			81 Name			.90		
ARNOLD, CHARLES				B2 Street Addr	ress (P.O. Box Number is Not Acceptable	e)			_
	ULF LIFE DR				ess (F.O. Box Hamber is Not 2000ptate)				
SUITE			[	33					
JACKS	ONVILLE FL 32207			84 Orty			<b>85</b> Z <sub>1</sub>	p Code	
dd O						FL			_
or registere	d agent, or both, in the State of Florical, and accept the obligations of, Section	ы. Such change was authori	ized by the co	e named corpor orporation's boai	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of cha intrient as	nging its r registered	registered offici Lagent I am	ce
SIGNATURE	Beatler Bood or proted mitte of objectives agent	on the description of the second	5.11 Grant and a	gent signature bejoic.	otato en al como e				.
12.	OFFICERS AND		13.	ger" signature te pic.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	DES IN 12	£
TITLE	DT	☐ DELETE	1 1 7 7	Lf			] Change	Addition	C B 2 E D 3 / 12 / 0 E
NAME	HUTSON, DAVID W.		1,2 NAA						
STREET ADDRESS	11217 SAN JOSE BLVD		13 SFR	EET ADDRESS					}
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CH	r-ST-ZIP					6
T-TLE	DP	☐ DELETE 2 1			☐ Change ☐ Addite			Addition	۱۲
NAME	HINSON, DONALD P.		2.2 NAME						
STREET ADDRESS	11217 SAN JOSE BLVD JACKSONVILLE FL		•	DET ADDRESS					
CITY-S1-ZIP TITLE	S S	DELETE	2 4 Cif	r-SI-ZIP			] Change	☐ Addition	4
NAME	DUNBAR, DEBORAH H.	beech	3 2 NAM			L	1 Change	☐ Faulton	
STREET ADDRESS	11217 SAN JOSE BLVD			EET ADDRESS					
CITY-SI-ZIF	JACKSONVILLE FL			(-ST-Z)P					
TITLE	VPD	□ DELETE	4 1 111		***************************************		Change	Add tion	
NAME	HUTSON, NANCY		4.2 NAM	16			-	-	
STREET ADDRESS	11217 SAN JOSE BLVD		4 3 STR	LET ACKORESS					ł
CITY-S1-ZIP	JACKSONVILLE FL		4.4 CI**	-ST-ZIP					
TITLE		☐ DELFTE	5 · Til	.f			] Change	Addition	
NAME			5.2 NAN						
STREET ADDRESS				EET ADDRESS					
CITY - ST - ZIP TITLE	······································	DELETE		SF-ZP			1 Change	F1 Add	
NAME			6 1 TIE			L	] Change	ne fibbA [	
STREET ADDRESS			6.2 NAM 6.3 STR	1					
City-St-ZiP				EET ADDRESS ST ZIP					
14. I do hereby	certify that the information supplied v.	off) this filing is voluntarily fur	nished and d	oes not qualify for	or the exemption stated in Section 119.0	17(3)(k), Flar	ida Statut	es. I further	$\dashv$
oath; that I a	the information[indicated on this annu- am an officer of director of the corpor Block 12 or Block 13 if changed, or o	ation or the recei∦er or truste	ee empowere	true and accura d to execute this	ite and triat my signature shall have the s s report as required by Chapter 607, Flo	iame legal e rida Statute	ffect as if s; and tha	made under at my name	

yborah SIGNATURE: L SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR