

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000727 (9)

1. Corporation Name

HERITAGE LAND LIMITED CORP.



Principal Place of Business

Mailing Address

**1527 GANDY ST
JACKSONVILLE FL 32208**

**1527 GANDY ST
JACKSONVILLE FL 32208**

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 2100 Dunn Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 2100 Dunn Ave
Suite, Apt. #, etc.

4. FEI Number
59-2667945
Applied For
Not Applicable

22 City & State
Jacksonville, FL

27 City & State
Jacksonville, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip
32218

28 Zip
32218

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Country
USA

29 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILCOX, JESSE L JR
1527 GANDY ST
JACKSONVILLE FL 32208**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and to be if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILCOX, JESSE JR	
STREET ADDRESS	11029 BACALL RD W	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, DAVID M	
STREET ADDRESS	11530 LAGUNA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANSOM, CATHY	
STREET ADDRESS	817 N. VALENCIA CT.	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAYTON, MARION	
STREET ADDRESS	1034 LOBSTER LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, DEBRA	
STREET ADDRESS	11530 LAGUNA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	819 MAGIC COVE LN.
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32218
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JESSE L. WILCOX JR

4/30/96

(904)

757-3226

CR2E037 (12/95)