FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

WILCOX, JESSE L JR

JACKSONVILLE FL 32208

1527 GANDY ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # N9200000727 (9)

HERITAGE LAND LIMITED CORP.

P	rincipal Place of Business	Mailing Address	I TABUTHAN DIR HANNA NANN DRINN DRINN DRINN DRINN DRINN DRINN HANNE HARDT YARDT YARDT NANN		
2100 DUNN AVENUE JACKSONVILLE FL 32218		2100 DUNN AVENUE JACKSONVILLE FL 32218-4718 US			
		•	3. Date incorporated or Qualified 3a. Date of Last Report 12/11/1992 05/01/1996		
_	Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For		
21		26	59-2667945 Not Applicable		
22		Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Regulred		
23		City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24	Zip Country 25	Zip Coun 29 30	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		
			1 Name 7		

Zip Code 3228 11. Corsuant 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, amiliar with, and accept the obligations of Section 617.0503, Florida Statutes.

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SIGNATUREY/TULL FLEW WICK							
<u> </u>	Signature, typed or printed name of registered agent and titl			e required when reinstating) DATE			
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	Change Addition			
NAME	WILCOX, JESSE JR		1.2 NAME	EVIL FULLINGER			
STREET ADDRESS	819 MAGIC COVE LANE		1.3 STREET ADDRESS	8245 Creek 110110WC1			
CITY-ST-ZIP	J <u>ACKSONVILLE</u> FL		1.4 CITY - ST - ZIP	Gacksonville, Florida 32244			
TITLE	D	DELETE	2.1 TITL€	Eric Faulkner 8245 Creek Hollow Ct Vacksonville, Fhorida 32244 White Change Addition			
NAME	THOMAS, DAVID M		2.2 NAME				
STREET ADDRESS	11530 LAGUNA CT		2.3 STREET ADDRESS	3938 Muifield Blut East			
CITY-ST-ZIP	JACKSONVILLE FL 32218		2. 4 CITY-ST-ZIP	32225			
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	RANSOM, CATHY		3.2 NAME				
STREET ADDRESS	817 N. VALENCIA CT.		3.3 STREET ADDRESS				
CITY-ST-ZIP	SANFORD FL		3.4. CITY+ST-ZIP				
TITLE	D	DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME	CLAYTON, MARION		4. 2 NAME				
STREET ADDRESS	1034 LOBSTER LANE		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32218		4.4 CITY-ST-ZIP				
TITLE	D	DELETE	5.1 TITLE	✓ Change Addition			
NAME	THOMAS, DEBRA		5.2 NAME	1			
STREET ADDRESS	11530 LAGUNA CT		5.3 STREET ADDRESS	3938 Muinfield Blud East			
CITY-ST-ZIP	JACKSONVILLE FL 32218		5.4 CITY - ST - ZIP	3938 Muinfield Blud East 32225			
TITLE		DELETE	6.1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

4. I do 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 of 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 on an attachment with an address.

FILED

Jun 19 1997 8:00am

Secretary of State