FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jul 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9200000727 (9) DOCUMENT

HERIT	AGE LAND LIMITED CORP.					
Principal Plac	e of Business	Mailing Address			ı ındılını sia idili libli dölin dalıl dalıl dalıl dalıl	1 48311 18814 LIBIT 1881 1881
2100 DUNN AVENUE JACKSONVILLE FL 32218 US 2100 DUNN AVENUE JACKSONVILLE FL 32218 US					3. Date Incorporated or Qualified 12/11/1992 4. FEI Number 59-2667945	Applied For Not Applicable
2. Principal P	Place of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
21 26					5. Certificate of Status Desired	Fee Required
⊢ −	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	City & State City & State				7. Is this nonprofit corporation a homeowners	
23				☐ Yes ☐ No		
Zip	Country	Zip	Country		8. This corporation owes or has paid the curre	
24	25 9. Name and Address of Currer		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9, Halle and Abdiese of Corre	it nagistered Agent	81	Name	IV. Hallie alia Address of New Negistered A	gorit.
THOMAS, DAVID M.			82	Street Ado	dress (P.O. Box Number is Not Acceptable)	
3938 E. MURFIELD BLVD.				olibei Auc	Siess (F.O. DOX NUMBER IS NOT ACCEPTABLE)	
JACKSONVILLE FL 32218			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 age	Alorr	Doelstored 4 - v		ulred when reinstating) DATE	
12.	OFFICERS ANI		13.	ni signatura requ	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	FAULKNER, ERIC		1.2 NAME			
STREET ADDRESS	8245 CREEK HOLLOW CT.		1.3 STREET	ŀ		
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	1.4 CITY-ST 2.1 TITLE	T-ZIP		Change Addition
NAME	THOMAS, DAVID M	L otten	2.1 TITLE 2.2 NAME		_	T Custings [T] Munition
STREET ADDRESS	8938 MUIRFIELD BLVD., EAS	T	2.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	•	2. 4 CITY-S	1		·
TITLE	D DELETE		3.1 TITLE		1	Change Addition
NAME	RANSOM, CATHY		3.2 NAME			
STREET ADDRESS	817 N. VALENCIA CT.		3.3 STREET			
CITY-SI-ZIP TITLE			3.4. CITY-S 4.1 TITLE	T-ZIP		Change Addition
NAME	CLAYTON, MARION		4. 2 NAME		_	_ Citange Rodition
STREET ADDRESS	1034 LOBSTER LANE		4.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		4.4 CITY - S	i		
TITLE	P	DELETE	5.1 TITLE			Change Addition
NAME	THOMAS, DEBRA		5.2 NAME			
STREET ADDRESS	8938 MUIRFIELD BLVD. EAST		5.3 STREET	1		
CHY SI-ZIP	JACKSONVILLE FL	DELETE	5.4 City-St 6.1 Title	r-zip	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME D	JOHNSON, KICHARD 468 SHANNA IS JACKSON VI 1/2,	-L c.L	6.2 NAME		L	_ c.mayonoundit
STREET ADDRESS	408 SHANNA L	10 or	6.3 STREET	ADORESS		
CITY_ST_7IP	JACKSON WILLY	L 32125	6.4 CITY_ ST			

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 acquired 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 received 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.