FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 6:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-05/17/95--01147--018
****130.00 ****130.00

DOCUMENT # N94000000498

1. Corporation Name
HERITAGE PRESERVATION ASSOCIATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Post Office Box 10088 Tampa, Florida 33679	

3. Date Incorporated or Qualified: 2/1/94
3a. Date of Last Report:
4. FEI Number: 59-322-3511 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O.Box 10088	26 P.O. Box 10088
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Fl.	City & State 28 ~~TXMXX~~ Tampa, Fl.
Zip / Country 24 33679 / 25 USA	Zip / Country 29 33679 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
Corporation Service Co. 1201 ~~MXX~~ Hays St. Tallahassee, Florida 32301	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marion Campbell "D"	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition Y. Reuben KING "D" Harbourside 3640 Yacht Club Rd., Aventura, Fl.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Scott Alsford "D"	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition P. Pizzuto 1201 ~~MXX~~ Hays St. Tallahassee, Fl. 32301 (Interim "D")
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A. Martin Stepak "D"	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition A. Martin Stepak "D" 4895 W. McElroy Ave. Tampa, Fl. 33611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition JEB 5-1-95

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Martin Stepak 4/28/95 813-831-7434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #