

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27655 (0)

1. Corporation Name

THE HERITAGE ORGANIZATION AGENCY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 168
PLEASANT VIEW TN 37146

P.O. BOX 168
PLEASANT VIEW TN 37146

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

03/28/1995

4. FEI Number

75-2145553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME KORNMAN, GARY M.
STREET ADDRESS 5001 SPRING VALLEY 800 E
CITY-STATE-ZIP DALLAS TX

TITLE STD ☐ DELETE

NAME WALKER, VICKIE A.
STREET ADDRESS P O BOX 168
CITY-STATE-ZIP PLEASANT VIEW TN

TITLE V ☐ DELETE

NAME BRAZILE, JULIANNA H
STREET ADDRESS 70 WALNUT ST, STE 900
CITY-STATE-ZIP WELLESLEY MA

TITLE PD ☒ DELETE

NAME LEHRMANN, JAMES A.
STREET ADDRESS 5001 SPRING VALLEY RD., STE 800 E
CITY-STATE-ZIP DALLAS TX

TITLE V ☒ DELETE

NAME DELF, DONALD R JR
STREET ADDRESS 5001 SPRING VALLEY 800 E
CITY-STATE-ZIP DALLAS TX

TITLE V ☐ DELETE

NAME REID, TERRY O.
STREET ADDRESS 5001 SPRING VALLEY RD., STE 800 E
CITY-STATE-ZIP DALLAS TX

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE:

Sandra B. Morham, Sec. Inas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

615-746-2411

CR2E034 (12/95)