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FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P27655 (0)

1. Corporation Name

THE HERITAGE ORGANIZATION AGENCY, INC.

Principal Place of Business

P.O. BOX 168  
PLEASANT VIEW TN 37146

Mailing Address

P.O. BOX 168  
PLEASANT VIEW TN 37146-0168



3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

04/02/1996

4. FEI Number

75-2145553

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Sign the typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	KORNMAN, GARY M.	
STREET ADDRESS	5001 SPRING VALLEY 800 E	
CITY - ST - ZIP	DALLAS TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WALKER, VICKIE A.	
STREET ADDRESS	P O BOX 168	
CITY - ST - ZIP	PLEASANT VIEW TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAZILE, JULIANNA H	
STREET ADDRESS	70 WALNUT ST, STE 900	
CITY - ST - ZIP	WELLESLEY MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANADA, JR. W. RALPH	
STREET ADDRESS	5001 SPRING VALLEY RD., STE 800 E	
CITY - ST - ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REID, TERRY O.	
STREET ADDRESS	5001 SPRING VALLEY RD., STE 800 E	
CITY - ST - ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	6 NEW ENGLAND PARK #400
3.4 CITY - ST - ZIP	BURLINGTON, MA 01803
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/97

Date

Daytime Phone #

CR2E034 (9/96)