

4/23/97 4:28 PM

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 07 1997 8:00am  
Secretary of State

|                                                |                                                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT #

1. Corporation Name

The Heritage ACLF, Inc.

Principal Place of Business

Mailing Address

900 E. Alfred St.  
Tavares, Fl. 32778

|                                                                                                                                                                 |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 8. Date Incorporated or Qualified<br>12-21-1992                                                                                                                 | 8a. Date of Last Report<br>4-20-95 |
| 8. FEI Number<br>59 3156529                                                                                                                                     | Applied For<br>Not Applicable      |
| 9. Certificate of Status Desired <input type="checkbox"/>                                                                                                       | \$8.75 Additional<br>Fee Required  |
| 10. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees     |
| 11. This corporation has liability for intangible tax under s. 189.022,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |

|                                      |                               |
|--------------------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26     |
| 3. Suite, Apt. B, etc.<br>22         | 3a. Suite, Apt. B, etc.<br>27 |
| 4. City & State<br>23                | 4a. City & State<br>28        |
| 5. Zip<br>24                         | 5a. Zip<br>29                 |
| 6. Country<br>25                     | 6a. Country<br>30             |

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Click, Dewitt  
900 E. Alfred St.  
Tavares, Fl. 32778

|         |                                                       |    |         |       |             |
|---------|-------------------------------------------------------|----|---------|-------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 FL | 86 Zip Code |
|---------|-------------------------------------------------------|----|---------|-------|-------------|

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 resigning)

DATE

| 12. OFFICERS AND DIRECTORS                         |                                                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                   |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>Doris E. Lawrence<br>900 E. Alfred St.<br>Tavares, Fl. 32778 <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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:

Doris E. Lawrence

Doris E. Lawrence

4-28-97

352-343-3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #