FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:39

DOCUMENT # **P93000029548 (3)**

1. Corporation Name
A HERITAGE FAMILY SERVICE, INC.

Principal Place of Business	Mailing Address
1004 SE 4TH AVE GAINESVILLE FL 32601	1004 SE 4TH AVE GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1010 SE. 4th Avenue
22: Suite, Apt. #, etc.
23: City & State: Gainesville FL
24: Zip: 32601
25: Country: Alachua

2a. Mailing Address
26: 1010 SE. 4th Avenue
27: Suite, Apt. #, etc.
28: City & State: Gainesville, FL
29: Zip: 32601
30: Country: Alachua

4. FEI Number: APPLIED FOR 59-3302922 ☐ 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

9. Name and Address of Current Registered Agent

WILLIAMS, TILLMAN C
1227 SE 8TH ST
GAINESVILLE FL 32601

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 _____ 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	D	11 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, TILLMAN C	12 NAME		
STREET ADDRESS	1227 SE 8TH ST	13 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	No Longer Directors or Officers	☑ Change ☐ Addition
NAME	WILLIAMS, SELINA G	22 NAME		
STREET ADDRESS	1227 SE 8TH ST	23 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	WILLIAMS, BONITA L	32 NAME		
STREET ADDRESS	1227 SE 8TH ST	33 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	WILLIAMS, BEATRICE T	42 NAME		
STREET ADDRESS	1227 SE 8TH ST	43 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	WILLIAMS, SANDRA L	52 NAME		
STREET ADDRESS	1227 SE 8TH ST	53 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	54 CITY ST ZIP		
TITLE		61 TITLE		☑ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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

SIGNATURE: Tillman C Williams 5-31-95 333-4965 373-2748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411722 FP