

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

FILED

May 20 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 # P93000075715 (1)

1. Corporation Name
HERITAGE PARTNERS GROUP VIII, INC.

Principal Place of Business
400 CHALLENGER BLVD.
SUITE 2
CAPE CANAVERAL FL 32920

Mailing Address
400 CHALLENGER BLVD.
SUITE 2
CAPE CANAVERAL FL 32920-4226



2. Principal Place of Business
21 450 Challenger Road
Suite, Apt. #, etc.

2a. Mailing Address
26 450 Challenger Road
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
01/18/1998

4. FEI Number
59-3197784

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

23 Cape Canaveral, FL 32920
Zip Country
24 32920 25 USA

28 Cape Canaveral, FL 32920
Zip Country
29 32920-4226 30 USA

9. Name and Address of Current Registered Agent

POPP, GREGORY A ESQ
101 GEORGE KING BLVD.
SUITE 4
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
450 Challenger Road

83

84 City
Cape Canaveral

FL 85 Zip Code
32920

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	101 GEORGE KING BLVD., SUITE 4	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	101 GEORGE KING BLVD., SUITE 4	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	450 Challenger Road
1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	450 Challenger Road
2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hartman, Michael
3.3 STREET ADDRESS	450 Challenger Road
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Colvard, Alison Kerr-Hull
4.3 STREET ADDRESS	450 Challenger Road
4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	4000002197604
5.3 STREET ADDRESS	-06/02/97--01079--001
5.4 CITY-ST-ZIP	***5733.75
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: *Alison Kerr-Hull*
Alison Kerr-Hull, President

3/28/97 407-799-4090 ex: 284

CR2E034 (9/96)