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FILED
May 06 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 # P94000011350 (3)

1. Corporation Name

HERITAGE HOME FINANCE CORPORATION

Principal Place of Business

110 PARK PLACE BOULEVARD
KISSIMMEE FL 34741
US

Mailing Address

200 S. ORANGE AVENUE
SUITE 2300
~~ORLANDO FL 32801-0440~~
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

32801-3432

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3223417

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. 198.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

A. G. C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

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

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 D
NAME LAQUARDIA, JOHN
STREET ADDRESS 110 PARK PLACE BOULEVARD
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE P
NAME MILLER, HARRY R
STREET ADDRESS 110 PARK PLACE BOULEVARD
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE VP
NAME LAWSON, BETTY B
STREET ADDRESS 110 PARK PLACE BOULEVARD
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

TITLE S
NAME LAWSON, MISTY L
STREET ADDRESS 110 PARK PLACE BOULEVARD
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ DELETE

TITLE T
NAME FITZGERALD, YVONNE
STREET ADDRESS 110 PARK PLACE BOULEVARD
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/S
1.2 NAME Fitzgerald, Yvonne ☒ Change ☐ Addition
1.3 STREET ADDRESS 110 Park Place Blvd.
1.4 CITY-ST-ZIP Kissimmee, FL 34741

2.1 TITLE VP
2.2 NAME Miller, Fred
2.3 STREET ADDRESS 110 Park Place Blvd.
2.4 CITY-ST-ZIP Kissimmee, FL 34741 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

CR2E034 (9/96)