

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000015649 (4)

1. Corporation Name:
THE HERRICK GROUP PHASE TWO, INC.



Principal Place of Business

320 N. CENTRAL AVE.
OVIEDO FL 32765

Mailing Address

320 N. CENTRAL AVE.
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1994

2. Principal Place of Business

21 220 ARTESIA ST

Suite, Apt. #, etc.

22 City & State

23 OVIEDO, FL

24 Zip 32765

Country

25 Stennock

2a. Mailing Address

26 220 ARTESIA ST

Suite, Apt. #, etc.

27 City & State

28 OVIEDO, FL

29 Zip 32765

Country

30 Stennock

4. FEI Number

59-3231245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERRICK, JOHN W
320 N. CENTRAL AVE.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

JOHN W. HERRICK

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

220 ARTESIA ST

83

84 City

OVIEDO

FL

85 Zip Code 32765

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)

5-28-98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HERRICK, JOHN W
STREET ADDRESS 220 ARTESIA ST
CITY-ST-ZIP OVIEDO FL

TITLE S ☐ DELETE

NAME HERRICK, JAN L
STREET ADDRESS 220 ARTESIA ST
CITY-ST-ZIP OVIEDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

5-28-98

407-266-2855 ext 11

CR2E034 (10/97)