SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 20 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017239 (2)

1. Corporation Name
PRESERVING OUR HERITAGE, INC.

Principal Place of Business	Mailing Address
651 PINE FIREST DRIVE BRANDON FL 33511	651 PINE FIREST DRIVE BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: —

2. Principal Place of Business
21: 6101 S. 2nd. St.
Suite, Apt. #, etc. 22:
City & State 23: TAMPA, FLORIDA
Zip 24: 33611 Country 25:

2a. Mailing Address
26: 6101 S. 2nd. St.
Suite, Apt. #, etc. 27:
City & State 28: TAMPA, FLORIDA
Zip 29: 33611 Country 30:

4. FEI Number: 59-3228192 ☐ 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

HAYWARD, JAMES
651 PINE FOREST DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: MARION LAMBERT
82 Street Address (P.O. Box Number is Not Acceptable): 6101 S. 2nd. St.
83:
84 City: TAMPA FL 85 Zip Code: 33611

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: Marion Lambert — 30 June 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	STELLMACH, LYNN	1.2 NAME	MARION LAMBERT	
STREET ADDRESS	2806 S.E. 25TH TERRACE	1.3 STREET ADDRESS	6101 S. 2nd. St.	
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	TAMPA, FLA. 33611	
TITLE		2.1 TITLE	VP	☐ Change ☒ Addition
NAME		2.2 NAME	MIKE CRANE	
STREET ADDRESS		2.3 STREET ADDRESS	3601 West Park Rd.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FLA. 33021	
TITLE		3.1 TITLE	T	☐ Change ☒ Addition
NAME		3.2 NAME	William D. FELDERMAN	
STREET ADDRESS		3.3 STREET ADDRESS	9618 S. MacDill Ave.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FLA. 33629	
TITLE		4.1 TITLE	S	☐ Change ☒ Addition
NAME		4.2 NAME	JAKE ENGLISH	
STREET ADDRESS		4.3 STREET ADDRESS	1010 Center Lake Burrell Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lutz, FLA. 33549	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Marion D Lambert — 30 June 1995 — (813) 839-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102770 FP