

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000027408 (1)**

1. Corporation Name

**HERITAGE PARTNERS GROUP V, INC.**



Principal Place of Business

Mailing Address

**101 GEORGE KING BLVD.  
SUITE 4  
CAPE CANAVERAL FL 32920**

**101 GEORGE KING BLVD.  
SUITE 4  
CAPE CANAVERAL FL 32920**

2. Principal Place of Business  
21 **450 Challenger Road**

Suite, Apt. #, etc.

22 **N/A**

City & State

23 **Cape Canaveral, FL**

Zip

24 **32920**

Country

25 **Brevard**

2a. Mailing Address  
26 **450 Challenger Road**

Suite, Apt. #, etc.

27 **N/A**

City & State

28 **Cape Canaveral, FL**

Zip

29 **32920**

Country

30 **Brevard**

3. Date Incorporated or Qualified  
**04/04/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-3186301**

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

**POPP, GREGORY A ESO  
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 **Cape Canaveral** **FL** 85 **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 State of Florida

(If the Registered Agent's signature is required when filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCPHILLIPS, JACQUELINE</b>	
STREET ADDRESS	<b>101 GEORGE KING BLVD., SUITE 4</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCPHILLIPS, MICHAEL</b>	
STREET ADDRESS	<b>101 GEORGE KING BLVD., SUITE 4</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
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	<b>450 Challenger Road</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>450 Challenger Road</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V</b>
3.3 STREET ADDRESS	<b>Michael Hartman</b>
3.4 CITY-ST-ZIP	<b>450 Challenger Road</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Cape Canaveral, FL 32920</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jacqueline McPhillips**

*Jacqueline McPhillips* 4/3/96

Signature Printed #

**(407) 799-4090**

CR2E034 (12/95)