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FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000027408 (1)

1. Corporation Name

HERITAGE PARTNERS GROUP V, INC.

Principal Place of Business

450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

Mailing Address

450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1994

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

POPP, GREGORY A ESQ  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

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 MCPHILLIPS, JACQUELINE  
STREET ADDRESS 450 CHALLENGER ROAD  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D  
NAME MCPHILLIPS, MICHAEL  
STREET ADDRESS 450 CHALLENGER ROAD  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE V  
NAME HARTMAN, MICHAEL  
STREET ADDRESS 450 CHALLENGER ROAD  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE V  
NAME COLVARD, ALISON  
STREET ADDRESS 450 CHALLENGER ROAD  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE D/R/S/T  
1.2 NAME Jacqueline McPhillips  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D/V  
2.2 NAME Michael McPhillips  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
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: ALISON KERR - HULL COLVARD 3/23/98 407-797-4090

CR2E034 (10/97)