

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

30 MAY -1 PM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037730 (6)

1. Corporation Name

HERITAGE RV CENTER, INC.

Principal Place of Business

P.O. BOX 5148
WINTER PARK FL 32793-5148

Mailing Address

P.O. BOX 5148
WINTER PARK FL 32793-5148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc
1150 S. Federal Hwy

2a. Mailing Address

26 Suite, Apt. #, etc
1150 S. Federal Hwy

4. FEI Number

65-0495149

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

City & State

23 **Stuart, FL**

City & State

28 **Stuart, FL**

Zip

24 **34994**

Country

25 **USA**

Zip

29 **34994**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HADDOCK PROFESSIONAL ASSOCIATION
3300 UNIVERSITY BLVD., #160
WINTER PARK FL 32792**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3260 University Blvd, #210

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 date if applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

President
John Moon
410 Geronimo Ct., Lake Mary, FL 32746

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

V
James W. Clevenger
410 Geronimo Ct.
Lake Mary, FL 32746

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

S
Deborah J. Moon
410 Geronimo Ct.
Lake Mary, FL 32746

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information furnished 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

JOHN MOON

4/26/95

(407) 223-2111