

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

**APPROVED  
AND  
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95 MAY -1 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*3548.75 \*\*\*\*208.75

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000051235 (7)**

1. Corporation Name

**HERITAGE PARTNERS GROUP XII, 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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
ZIP	Country
24	25
29	30

3. Date Incorporated or Qualified <b>07/12/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3253369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
b. This corporation has liability for intangible tax under §. 199.036, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	<b>Gregory A. Popp, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>101 George King Blvd.</b>
83	<b>Suite 4</b>
84 City	<b>Cape Canaveral</b>
85 Zip Code	<b>FL 32920</b>

11. Pursuant to the provisions of Sections 607.002 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 607.005, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **4/25/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MCPHILLIPS, JACQUELINE</b>
STREET ADDRESS	<b>101 GEORGE KING BLVD., STE. 4</b>
CITY ST ZIP	<b>CAPE CANAVERAL FL 32920</b>
TITLE	<b>D</b>
NAME	<b>MCPHILLIPS, MICHAEL</b>
STREET ADDRESS	<b>101 GEORGE KING BLVD., STE. 4</b>
CITY ST ZIP	<b>CAPE CANAVERAL FL 32920</b>
TITLE	<b>D</b>
NAME	<b>LAVERY, MICHAEL</b>
STREET ADDRESS	<b>1501 LINCOLN AVE.</b>
CITY ST ZIP	<b>STEAMBOAT SPRINGS CO 80487</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

*JP 5/11*

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.07(9)(a), 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, as required, or on an attachment with an address.

SIGNATURE: *Jacqueline McPhillips* DATE: **4/25/95** (Type in Block 12)

**Jacqueline McPhillips**