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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000053720 (6)

Principal Place of Business	Mailing Address
155 SE HWY 19 CRYSTAL RIVER FL 34429 US	155 S.E. HIGHWAY 19 CRYSTAL RIVER FL 34429

## FILED Apr 20 1998 8:00am Secretary of State

HERITAGE BUILDING, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3271023 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, MARK P 155 S.E. HIGHWAY 19 82 Street Address (P.O. Box Number is Not Acceptable) **CRYSTAL RIVER FL 34429** 83 84 City 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 hip obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETÉ TITLE 1.1 TITLE Change Addition DAVIS, JOHN C NAME 1.2 NAME % 155 S.E. HIGHWAY 19 STREET ADDRESS 1.3 STREET ADDRESS **CRYSTAL RIVER FL 34429** CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DAVIS, NANCY S NAME 2.2 NAME % 155 S.E. HIGHWAY 19 STREET ADDRESS 2.3 STREET ADDRESS **CRYSTAL RIVER FL 34429** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

14. Thereby 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 suppliemental 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 trusteer 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 organ attachment with an address