

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 20 1997 8:00am  
Secretary of State

DOCUMENT # **P94000055891 (3)**

1. Corporation Name

**HERITAGE PARTNERS GROUP XIII, INC.**

Principal Place of Business

**450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US**

Mailing Address

**450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920-4226  
US**



3. Date Incorporated or Qualified  
**07/27/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**59-3253357**

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 ESQ  
450 CHALLENGE 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** ☐ DELETE  
NAME **MCPHILLIPS, JACQUELINE**  
STREET ADDRESS **450 CHALLENGER ROAD**  
CITY- ST- ZIP **CAPE CANAVERAL FL**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/S/T** ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE **V** ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

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

4.1 TITLE **V** ☐ Change ☒ Addition  
4.2 NAME **Colvard, Alison Kerr-Hull**  
4.3 STREET ADDRESS **450 Challenger Road**  
4.4 CITY- ST- ZIP **Cape Canaveral, FL 32920**

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

6.1 TITLE ☐ Change ☐ 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 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*  
**Alison Kerr-Hull Colvard, Vice President**

3/28/97 407-799-4090 ex: 284

Date

Daytime Phone #

CR2E034 (9/96)