

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000055896 (2)

1. Corporation Name

HERITAGE PARTNERS GROUP XIV, INC.



Principal Place of Business

**101 GEORGE KING BLVD
SUITE 4
CAPE CANAVERAL FL 32920**

Mailing Address

**101 GEORGE KING BLVD
SUITE 4
CAPE CANAVERAL FL 32920**

2. Principal Place of Business

21 450 Challenger Road

Suite, Apt. #, etc.

22 N/A

City & State

23 Cape Canveral, FL

Zip

24 32920

Country

25 Brevard

2a. Mailing Address

26 450 Challenger Road

Suite, Apt. #, etc.

27 N/A

City & State

28 Cape Canaveral, FL

Zip

29 32920

Country

30 Brevard

9. Name and Address of Current Registered Agent

**POPP, GREGORY A ESO
101 GEORGE KING BLVD
SUITE 4
CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3255957

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

10. Name and Address of New Registered Agent

81 Name

**82 Street Address (P.O. Box Number is Not Acceptable)
450 Challenger Road**

83

84 City

Cape Canaveral

FL

**85 Zip Code
32920**

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 the applicant.

(NOTE: Registered Agent Signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 101 GEORGE KING BLVD SUITE 4
CITY-ST-ZIP CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE

**D
NAME MCPHILLIPS, MICHAEL
STREET ADDRESS 101 GEORGE KING BLVD SUITE 4
CITY-ST-ZIP CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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 ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS 450 Challenger Road
1.4 CITY-ST-ZIP**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS 450 Challenger Road
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☒ Addition

**V
3.2 NAME Michael Hartman
3.3 STREET ADDRESS 450 Challenger Road
3.4 CITY-ST-ZIP Cape Canaveral, FL 32920**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline McPhillips

2/3/96

Daytime Phone #

(407) 799-4090

CR2E034 (12/95)