

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

APPROVED
AND
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95 MAY -1 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000063927 (5)

1. Corporation Name

HERITAGE PARTNERS GROUP XV, 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

400001485154
-05/12/95--01004--008
3548.75 *208.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

ZIP

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

ZIP

Country

29

30

4. FEI Number

59-3263794

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 franchise tax under S. 192.032,
Florida Statutes

☐ Yes

☐ 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

GREGORY A. POPP, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

101 George King Blvd.

83

Suite 4

84 City

Cape Canaveral

FL

85 Zip Code

32920

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

4/25/95

Signature typed or printed name of registered agent and date of registration

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 101 GEORGE KING BLVD., STE. 4
CITY, ST, ZIP CAPE CANAVERAL FL 32920

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 119.07(1)(b), 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:

Jacqueline McPhillips

4/25/95

407-799-4090

Date

Signature (Print Name)