FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000090486 (9)

1. Corporation Name
HERITAGE PARTNERS GROUP XVI, INC.

Principal Place of Business
101 GEORGE KING BLVD. STE. 4
CAPE CANAVERAL FL

Mailing Address
101 GEORGE KING BLVD. STE. 4
CAPE CANAVERAL FL

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3282075 ☐ 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
101 GEORGE KING BLVD. STE. 4
CAPE CANAVERAL FL

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 85 FL 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 ______ 4/25/95
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
NAME	MCPHILLIPS, JACQUELINE
STREET ADDRESS	101 GEORGE KING BLVD. STE. 4
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	D
NAME	MCPHILLIPS, MICHAEL
STREET ADDRESS	101 GEORGE KING BLVD. STE. 4
CITY - ST - ZIP	CAPE CANAVERAL FL
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		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE		☐ 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		☐ 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	DR514	☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Jacqueline McPhillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacqueline McPhillips

4/25/95 Date
407-799-4090 Daytime Phone #

0073238 CP