

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000008586 (6)

1. Corporation Name

HERITAGE PARTNERS GROUP XVII, INC.

FILED
Jun 25, 1996 08:00 AM
Secretary of State



Principal Place of Business

Mailing Address

101 GEORGE KING BLVD.
SUITE 4
CAPE CORAL FL 32920

101 GEORGE KING BLVD.
SUITE 4
CAPE CORAL FL 32920

2. Principal Place of Business

21 450 Challenger Road

Suite, Apt. #, etc.

22 City & State

23 Cape Canaveral, FL

Zip

24 32920

Country

25 USA

2a. Mailing Address

26 450 Challenger Road

Suite, Apt. #, etc.

27 City & State

28 Cape Canaveral, FL

Zip

29 32920

Country

30 USA

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

02/01/95

4. FEI Number

59-3292655

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
101 GEORGE KING BLVD.
SUITE 4
CAPE CORAL FL

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSTD

MCPHILLIPS, JACQUELINE

101 GEORGE KING BLVD. SUITE 4
CAPE CORAL FL 32920

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

MCPHILLIPS, JACQUELINE

101 GEORGE KING BLVD. SUITE 4
CAPE CORAL FL 32920

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

450 Challenger Road
Cape Canaveral, FL 32920

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

450 Challenger Road
Cape Canaveral, FL 32920

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ 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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

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

June 18, 1996 407.799.4090

Date

Daytime Phone #

CR2E034 (3/96)