

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 # P95000012693 (4)

1. Corporation Name

HERITAGE SHAMROCK VILLAGE, 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**

3. Date Incorporated or Qualified
02/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 450 Challenger Road

Suite, Apt. #, etc.

22 N/A

City & State

23 Cape Canaveral, 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

4. FEI Number

59-3294409

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 CANAVERAL FL 32920**

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 Cape Canaveral

FL

85

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 (applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MCPHILLIPS, JACQUELINE**
STREET ADDRESS **101 GEORGE KING BLVD., SUITE 4**
CITY-STATE-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE
NAME **D MCPHILLIPS, MICHAEL**
STREET ADDRESS **101 GEORGE KING BLVD., SUITE 4**
CITY-STATE-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **450 Challenger Road**
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V Michael Hartman**
3.3 STREET ADDRESS **450 Challenger Road**
3.4 CITY-STATE-ZIP **Cape Canaveral, FL 32920**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

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

4/3/96

(407) 799-4090

CR2E034 (12/95)