

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000012693 (4)

1. Corporation Name
HERITAGE SHAMROCK VILLAGE, INC.

Principal Place of Business
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

Mailing Address
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226
US



3. Date Incorporated or Qualified
02/14/1995
3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

POPP, GREGORY A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

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 type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY - ST - ZIP	CAPE CANAVERAL FL	
TITLE	D	DELETE
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY - ST - ZIP	CAPE CANAVERAL FL	
TITLE	V	DELETE
NAME	HARTMAN, MICHAEL	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY - ST - ZIP	CAPE CANAVERAL FL	
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	P/S/T	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	V	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	V	Change	Addition
4.2 NAME	Colvard, Alison Kerr-Hull		
4.3 STREET ADDRESS	450 Challenger Road		
4.4 CITY - ST - ZIP	Cape Canaveral, FL 32920		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alison Kerr-Hull*
ALISON KERR-HULL, President

3/28/97 407-799-4090 ex: 284

CR2E034 (9/96)