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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P95000015722 (8)

DOCUMENT # P9500015

1. Corporation Name

FLORIDA HERITAGE INVESTMENTS, INC.

FILED Apr 26 1996 8:00 am Secretary of State



|  |  |                 |                         |               |         |                  | [ iff filmat fom iffett mitte gatte m.   |                                |                     |                                       |
|--|--|-----------------|-------------------------|---------------|---------|------------------|--|--------------------------------|---------------------|---------------------------------------|
| Principal Place of   | Business   | Ma              | ing Address             |               |         |                  |  |                                |                     |                                       |
| 619 ATLANTIC BLVD 619 ATLANTIC BLVD ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32 |  |                 |                         |               |         |                  |  |                                |                     |                                       |
| ATLANTIC BEACH FL 32233  |  |                 | ATLANTIC BEACH PL 32233 |               |         |                  | 3. Date Incorporated or Qualified 3a. Date of Last Report                                |                                |                     |                                       |
|  |  |                 |                         |               |         |                  | 02/24/1995   |                                |                     |                                       |
| . Principal Place  | of Business  | 2a.             | Mailing Address         |               |         |                  | 4. FEI Number  |                                | _                   | Applied For                           |
| , rinopar acc  | , or Basiness                                      | 26              |                         |               |         |                  | 59-3301846   |                                |                     | Not Applicable                        |
| Suite, Apt. #, etc.  |  |                 | Suite, Apt. #, etc.     |               |         |                  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |                     |                                       |
|  |  | 27              | Ct. 9 State             |               |         |                  | 6. Election Campaign Financing   |                                | \$5                 | 00 May Be                             |
| City & State   |  | 28              | City & State            |               |         |                  | Trust Fund Contribution  | Added to Fees                  |                     |                                       |
| 3  | Country  | 20              | Zip                     | Cou           | ıntry   |                  | 8. This corporation has liability for  | intangible ta                  | k under             | s 199.032,                            |
| Zip<br>3   | 25   | 29              | Σφ                      | 30            | •       |                  | Florida Statutes   | s □No                          |                     |                                       |
| <u> </u>   | 9. Name and Address of Currer                      |                 | tered Agent             | 17-1          | 1       |                  | 10. Name and Address of New I  | Registered A                   | gent                |                                       |
|  | <u> </u>   |                 |                         |               | 81      | Name             |  |                                |                     |                                       |
| НАИОМ  | AN, JOHN J JR                                      |                 |                         |               | 82      | Street Ac        | Idress (P.O. Box Number is Not Accepta   | ble)                           |                     |                                       |
|  | ANTIC BLVD   |                 |                         |               |         |                  | ,  |                                |                     |                                       |
|  | IC BEACH FL 32233                                  |                 |                         |               | 83      |                  |  |                                |                     |                                       |
| 71123111   |  |                 |                         |               | 84      | City             |  |                                | 85                  | Zip Code                              |
|  |  |                 |                         |               | 1       | l -              |  | <u>FL</u>                      |                     |                                       |
| U. Dureuant to   | the provisions of Sections 607.050                 | 2 and 60        | 7.1508, Florida Statut  | les, the ab   | ove-I   | named corp       | poration submits this statement for the purposed of directors. Thereby accept the app    | urpose of cha                  | inging i<br>registe | ts registered offic<br>rod acent I am |
|  |  |                 |                         |               | corp    | oration's b      | poration submits this statement for the population of directors. I hereby accept the app | pointment as                   | regisie             | red agent. Lam                        |
| familiar with,   | and accept the obligations of, Sec                 | tion our        | .0005, Florida Statuto. | 3.            |         |                  |  |                                |                     |                                       |
| SIGNATURE  | gnature, typicd or printed name of registered ager | n and little if | applicable. (N          | OTE Registere | d Age   | nt signature rec | urred when reinstating)  | DATE                           |                     |                                       |
| 12.  | OFFICERS AN  |                 |                         | 13.           |         |                  | ADDITIONS/CHANGES TO OF  |                                |                     |                                       |
| TITLE  | DP   |                 | DELETE                  | 1.1           | TITLE   | l                |  | L                              | Chan                | ge 🔲 Addition                         |
| NAME   | MONAHAN, JOHN J JR                                 |                 |                         | . 12          | NAME    |                  |  |                                |                     |                                       |
| STREET ADDRESS   | 617 ATLANTIC BLVD                                  |                 |                         | 1.3           | STREE   | T ADDRESS        |  |                                |                     |                                       |
| CITY-ST-ZIP  | ATLANTIC BEACH FL 322                              | 33              |                         | 1.4           | CITY -  | ST-ZIP           |  |                                |                     | 65 (ass)                              |
| TITLE  | DS   |                 | XX DELETE               | 2 1           | TITLE   |                  | DS   | 3                              | Chan                | ge 🔲 Addition                         |
| NAME   | HARRIS, FRANCES A                                  |                 | AA.                     | 22            | NAME    | i                | Monahan, John J Jr   | •                              |                     |                                       |
| STREET ADDRESS   | 2317 SEMINOLE RD                                   |                 |                         | 2.3           | STREE   | T ADDRESS        | 617 Atlantic Blvd  |                                |                     |                                       |
| CHY-ST-ZIP   | ATLANTIC BEACH FL 322                              | 33              |                         | 24            | CITY-   | ST-ZIP           | Atlantic Beach, FL   | 32233                          |                     |                                       |
| TITLE  | DT   |                 | <b>₩</b> DELETE         | 3. 1          | 111LE   |                  | DT   |                                | <b>3c</b> Char      | nge 🔲 Addition                        |
| NAME   | SANFORD, ROBERT C                                  |                 | ••                      | 32            | NAME    | ,                | Monahan, John J Jr   |                                |                     |                                       |
| STREET ADDRESS   | 2104 PARK ST                                       |                 |                         | 3.3           | STHE    | ET ADDRESS       | 617 Atlantic Blvd  |                                |                     |                                       |
| CITY - ST - ZIP  | JACKSONVILLE FL 32204                              | }               |                         | 3.4           | CITY-   | ST-ZIP           | Atlantic Beach, FL   | _32233                         | }                   |                                       |
| TITLE  |  |                 | ☐ DELETE                | 4. 1          | TITLE   |                  |  |                                | ☐ Chai              | nge 🔲 Addition                        |
| NAME   |  |                 |                         | 4.2           | NAME    | :                |  |                                |                     |                                       |
| STREET ADDRESS   |  |                 |                         | 4.3           | STREI   | ET ADDRESS       |  |                                |                     |                                       |
| CiTY-ST-ZIP  |  |                 |                         | 4.4           | CITY-   | ST-ZIP           |  |                                |                     | F 4 1200                              |
| TITLE  |  |                 | DELETE                  | 5.            | 1 TITLE |                  |  |                                | ☐ Cha               | nge 🔲 Addition                        |
| NAME   |  |                 |                         | 52            | NAMI    | .                |  |                                |                     |                                       |
| STREET ADDRESS   |  |                 |                         | 5.3           | STRE    | et address       |  |                                |                     |                                       |
|  |  |                 |                         | 5.4           | CITY    | -ST-ZIP          |  |                                |                     |                                       |
| CITY-ST-ZIP<br>TOLE  |  |                 | DELETE                  |               | 1 TITL  |                  |  |                                | Cha                 | nge 🔲 Additio                         |
|  |  |                 |                         |               | NAM     |                  |  |                                |                     |                                       |
| NAME<br>DARKET ADDOCAGE  |  |                 |                         |               |         | ET ADDRESS       |  |                                |                     |                                       |
| STREET ADDRESS   |  |                 |                         |               | 4 CITY  | C1 710           |  |                                |                     |                                       |
| CITY - ST - ZIP  |  |                 |                         |               | . 5111  |                  | lify for the exemption stated in Section 1   | 19.07/3\/k) F                  | lorida S            | Statutes I further                    |

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 cath; 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

Mordrant TOHUT MONAHAW TR

120/16

904-270-1300