


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90093 033 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000037689 1. Corporation Name HERITAGE COMMUNICATIONS CORPORATION			
Principal Place of Business 1800 WEST EAU GALIE BLVD. #201 MELBOURNE FL 32935		Mailing Address 1800 WEST EAU GALIE BLVD. #201 MELBOURNE FL 32935	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent WALDRON, TOM D ESQ. 121 E. HIBISCUS BLVD. MELBOURNE FL 32901		10. Name and Address of New Registered Agent 81 Name William C. Potter 82 Street Address (P.O. Box Number is Not Acceptable) Potter, McClelland, Marks, & Healy P A 83 700 S. Babcock St., #400 84 City Melbourne, FL 32901 85 Zip Code FL	
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 <u>William C. Potter</u> 02/23/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME CARRAWAY, JAMES D STREET ADDRESS 3820 RIVERSIDE DRIVE CITY-ST-ZIP INDIALANTIC FL 32903	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME WILLIAMS, ALLEN STREET ADDRESS 1500 PARAGON ROAD, SE CITY-ST-ZIP PALM BAY FL 32909	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PTD NAME TOLLEY, WILLIAM R STREET ADDRESS 4250 PINWOOD ROAD CITY-ST-ZIP MELBOURNE FL 32934	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME WARDON, NANCY STREET ADDRESS 170 SEAVIEW STREET CITY-ST-ZIP MELBOURNE BEACH FL 32951	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. TOLLEY 2/23/99

Date

Daytime Phone #

407 752-9464

CR2E034 (11/98)