

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000040698 (9)

1. Corporation Name

HERITAGE PARTNERS GROUP XXII, INC.



Principal Place of Business

101 GEORGE KING BLVD.  
SUITE 4  
CAPE CORAL FL 32920

Mailing Address

101 GEORGE KING BLVD.  
SUITE 4  
CAPE CORAL FL 32920

3. Date Incorporated or Qualified  
05/23/1995

3a. Date of Last Report

2. Principal Place of Business  
21 450 Challenger Road

2a. Mailing Address  
26 450 Challenger Road

4. FEI Number

59-3314426

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 N/A

Suite, Apt. #, etc.

27 N/A

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

23 Cape Canaveral, FL

City & State

28 Cape Canaveral, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 32920

Country

25 Brevard

Zip

29 32920

Country

30 Brevard

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPP, GREGORY A  
101 GEORGE KING BLVD.  
SUITE 4  
CAPE CANAVERAL FL 32920

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 fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MCPHILLIPS, JACQUELINE  
STREET ADDRESS 101 GEORGE KINGS BLVD., SUITE 4  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS 450 Challenger Road  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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

Date

4/5/96

Daytime Phone

(407) 799-4090

CR2E034 (12/95)