

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 01 1998 8:00am
Secretary of State

DOCUMENT # P95000044421 (2)

1. Corporation Name

HERITAGE TEMPLE HILL GROUP, INC.

Principal Place of Business

Mailing Address

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

59-3315959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POPP, GREGORY A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE DV ☐ DELETE

NAME MCPHILLIPS, MICHAEL
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE V ☐ DELETE

NAME HARTMAN, MICHAEL
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE V ☐ DELETE

NAME COLVARD, ALISON
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Alison Kerr-Hull Colvard ALISON KERR-HULL COLVARD

3/23/98

407-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0106401

CR2E034 (10/97)