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FILED
Mar 25 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 # P95000050766 (1)

1. Corporation Name
HERITAGE PARTNERS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
8301 ROCKPORT PLACE 8301 ROCKPORT PLACE
TAMPA FL 33626 TAMPA FL 33626-2436

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
06/28/1995

3a. Date of Last Report
04/15/1996

4. FEI Number
59-3326559

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

9. Name and Address of Current Registered Agent

FRAY, NORMAN W
9301 ROCKPORT PLACE
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of the person who is registered agent (and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE
NAME FRAY, NORMAN W.
STREET ADDRESS 9301 ROCKPORT PLACE
CITY-STATE-ZIP TAMPA FL 33626
12.2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.7 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-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: N. W. FRAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/97 (813) 891-1973
Date Daytime Phone #

CR2E034 (9/96)