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Apr 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 # P95000052851 (9)

1. Corporation Name  
HERITAGE TOWER PROPERTIES, INC.



Principal Place of Business  
6330 - 46TH STREET NORTH  
SUITE 105  
PINELLAS PARK FL 34665

Mailing Address  
PO BOX 7454  
ST. PETERSBURG FL 33734-7454

3. Date Incorporated or Qualified  
07/03/1995

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

2. Principal Place of Business  
21 6351 - 39TH STREET NORTH

2a. Mailing Address

22 Suite, Apt. #, etc.  
SUITE 220

26 Suite, Apt. #, etc.

23 City & State  
PINELLAS PARK, FL

27 City & State

24 Zip  
34665

25 Country  
USA

28 Zip  
29 Country

4. FEI Number  
59-3327875

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

LAMBON, THOMAS R  
6330 - 46TH STREET NORTH  
SUITE 105  
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name LAMBON, THOMAS RANDALL

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

83 SUITE 220  
6351 - 39TH STREET NORTH

84 City PINELLAS PARK

85 FL Zip Code 34665

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, to 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

THOMAS R. LAMBON, ITS PRESIDENT THOMAS R. LAMBON

4/17/97

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME LAMBON, THOMAS R  
STREET ADDRESS 6330 - 46TH STREET NORTH  
CITY - ST - ZIP PINELLAS PARK FL 34665

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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

1.1 TITLE PSTD  
1.2 NAME LAMBON, THOMAS RANDALL  
1.3 STREET ADDRESS SUITE 220 - 6351 - 39TH STREET NORTH  
1.4 CITY - ST - ZIP PINELLAS PARK, FLORIDA 34665

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 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, on an attachment with an address.

SIGNATURE:

THOMAS R. LAMBON, ITS PRESIDENT THOMAS R. LAMBON

4/17/97

813.5263666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)