SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000058281 (3)**

1. Corporation Name
HERITAGE PROPERTIES OF DEFUNIAK SPRINGS, INC.

Principal Place of Business	Mailing Address
1 W CIRCLE DR DEFUNIAK SPRINGS FL 32433	1 W CIRCLE DR DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business 21 1184-D CIRCLE DR	2a. Mailing Address 26 P O BOX 1257
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 DE FUNIAK SPRINGS FL	City & State 28 DE FUNIAK SPRINGS FL
Zip / Country 24 32433 / 25	Zip / Country 29 32435 / 30

3. Date Incorporated or Qualified 07/26/1995	3a. Date of Last Report
4. FEI Number 59-3325289	☐ 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

ROBINSON, CRAIG S
1 W CIRCLE DR
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name SAMG
82 Street Address (P.O. Box Number is Not Acceptable) 1184-D CIRCLE DR
83
84 City DE FUNIAK SPRINGS FL 85 Zip Code 32433

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 Craig S. Robinson 6-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, DENNIS F 262 CIRCLE DR DEFUNIAK SPRINGS FL 32433	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, ANN S 1 W CIRCLE DR DEFUNIAK SPRINGS FL 32433	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP 1184-D CIRCLE DR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, CRAIG S 1 W CIRCLE DR DEFUNIAK SPRINGS FL 32433	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP 1184-D CIRCLE DR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig S. Robinson 6-27-96 904-892-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #