PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000091433 (9)

ALMAR HERITAGE HOUSE, INCORPORATED

Principal Place of Business Mailing Address

FILED May 13 1997 8:00am Secretary of State



9311 LEM TURI JACKSONVILLE US		9311 LEM TURNER ROAD JACKSONVILLE FL 32208-					
				# . Mark	3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last 07/30/1996	
21 2]				Dr.	4. FEI Number 59-3349418	F1 -	opplied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Additional Required
City & State	sonville, FL	28 Jacksonville, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 3320		29 38202	Ooun 30	USA		Yes 🔣 No	s. 199.032,
DAN	9. Name and Address of Current	t Registered Agent		31 Name	10. Name and Address of New Reg	gistered Agent	
RANDOLPH, ALFRED 1951 RALEY CREEK DR., W.							
JACKSONVILLE FL 32225				82 Street Address (P.O. Box Number is Not Acceptable)			
			Ī	33			
ı	4 20		Ī	34 City	······································	FL 85 Z(r	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was :	authorized	by the corpora	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of changing If the appointment a	its registered s registered
SIGNATURE							* - *
12.	Signature, typed or printed name of registered ago: OFFICERS AND		L Registered	Agent signature requ	ored when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 101	f		Change	
NAME	randolph, al		1.2 NA\$	1 L			
STREET ADDRESS	6999-2 MERRILL RD., STE. 192	!	1. 3 S1R	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL VP	T Burie		1-ST-ZIF		——————————————————————————————————————	E Laure
TITLE	RANDOLPH, MARYA	T DETELE	2.1 7/11			Change	Addition
NAME STREET ADDRESS	6999-2 MERRILL RD., STE. 192	•	2.2 NAN	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	•		Y - \$T - ZIP			
TITLE		DELETE	3.1 101			☐ Change	Addition
NAME			3.2 NAN	ft.			
STREET ADDRESS			3.3 S1R	FET ADDRESS			
CITY-ST-ZIP				Y-ST- Z IP			
TITLE		L DELETE	4.1 TITL			∐ Change	Addition
NAME			4.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.1 TITL	(-\$1-7IP		Change	Addition
NAME		FT Second	5.2 NAN			Shange	ET MORROR
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				1-S1-ZiP			
TITLE		☐ DELETE	6.1 7111			☐ Change	Addition
NAME			6.2 NAN	ħE			
STREET ADDRESS			63 S18	LET AUDRESS			
CITY-ST-ZIP			6.4 CIT	/-S1-7IP			

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 eath; 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