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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 01 1998 8:00am Secretary of State

| DOCUI<br>1. Corporatio  | MENT # P9600<br>INS HERITAGE HOMES, II   |                                    | 417 (3)                              |                               | TIONS                   |   |
|---|--|------------------------------------|--------------------------------------|-------------------------------|-------------------------|---|
|   |  |                                    |                                      |                               |                         |   |
| Principal Place of Business Mailing Address                                       |  |                                    |                                      | 34D                           |                         |   |
| 1731 BOGGY CREEK ROAD 1731 BOGGY CREEK ROAD KISSIMMEE FL 34744 KISSIMMEE FL 34744 |  |                                    |                                      | JAU                           |                         | DO NOT WEST IN THE SPACE  |
| ı   |  |                                    |                                      |                               |                         | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified   |
|   |  |                                    |                                      |                               |                         | 01/26/1996  |
| 2. Principal Place of Business 2a. Ma   |  |                                    | Mailing Address                      |                               |                         | 4, FEI Number Applied For   |
| 21 26   |  |                                    |                                      |                               |                         | 59-3435758   Not Applicable   |
| Suite, Apt. #, etc  |  |                                    | Suite, Apt. #, etc.                  |                               |                         | 5. Certificate of Status Desired See Regulred   |
| 22         27           City & State         City & State                         |  |                                    | y & State                            | <del></del>                   |                         | 6. Election Campaign Financing \$5.00 May Be  |
| 23  |  |                                    |                                      |                               |                         | Trust Fund Contribution Added to Fees   |
| Zip   | Country  | Zip                                |                                      | Country                       |                         | 8. This corporation owes or has pald the current year Intangible  |
| 24  | 9. Name and Address of Curre   | 29<br>ont Registere                | d Ageni                              | 30                            |                         | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent   |
|   | MPKINS, THOMAS N   | II-Bistolo                         | # 180m                               |                               | 11 Name                 |   |
| 1731 BOGGY CREEK ROAD KISSIMMEE FL 34744  |  |                                    |                                      | 1                             | 32 Street               | t Address (P.O. Box Number is Not Acceptable)   |
|   |  |                                    | •                                    | 1                             | 33                      |   |
|   |  |                                    |                                      | Į.                            | 34 City                 | 85 Zip Code   |
| 44 0  | 10 Ab CO7 DC   | 00 1 007 4                         | 500 Ft 11- O-1                       |                               |                         | FL   45   Zip Code  |
| -   | egistered agent, or both, in the Stat<br>m familiar with, and accept the obliq | e of Florida S<br>gations of, Se   | Such change was<br>ction 607.0505, F | authorized<br>lorida Statu    | by the cortes.          | d corporation submits this statement for the purpose of changing its registered<br>progration's board of directors. I hereby accept the appointment as registered   |
| SIGNATURE   | Signature, typed or printed name of registered as                              | gent and title if app              | ON) alderife                         | Tr: Registered                | Agent signatur          | pro recjuirod when reinstating) DATE  |
| 12.   | OFFICERS AF  | ND DIRECTO                         |                                      | 13.                           |                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | PSTD<br>TOMPKINS, THOMAS N   |                                    | DELETE                               | L_I DELETE 1.1 1/TLE 1.2 NAME |                         | V, D Change Addition  |
| NAME<br>STREET ADDRESS  |  |                                    | 1.3 STREET ADDRESS                   |                               |                         | TOMPKING THOMASA  |
| CITY-ST-ZIP   | KISSIMMEE FL   |                                    | _                                    |                               |                         | KISSIMMEE, FL   |
| TITLE   | V  |                                    |                                      | 2.1 TITL                      |                         | ST Change   Addition  |
| NAME  | DIXON, KENNETH G   |                                    | •                                    | 2.2 NAM                       | IE                      | Keene, Jean<br>2300 Abeher Road   |
| STREET ADDRESS  | 1485 RIVIERA DR  |                                    |                                      | 2.3 STR                       | EET ADDRESS             |   |
| CITY-ST-ZIP   | KISSIMMEE FL   |                                    | Deves                                |                               | Y - ST - ZIP            | ST CLOUD, FL  |
| TITLE   |  |                                    | ☐ DELETE                             | 3.1 TITL                      |                         | L] Change L] Addition   |
| STREET ADDRESS  |  |                                    |                                      | 3.2 NAM<br>3.3 STAL           | eet address             |   |
| CITY-ST-ZIP   |  |                                    |                                      | •                             | r-st-zip                |   |
| THILE   | <u> </u>   |                                    | DELETE                               | 4.1 TITL                      |                         | Change Addition   |
| NAME  |  |                                    |                                      | 4. 2 NAM                      | ME                      |   |
| STREET ADDRESS  |  |                                    |                                      | 4.3 STR                       | ET ADDRESS              |   |
| CITY-ST-ZIP   |  |                                    | T Carriera                           |                               | - ST- ZIP               |   |
| TITLE   |  |                                    | [_] DELETE                           | 5.1 TITL                      |                         | Change Addition   |
| NAME<br>CZOCCT ADDRESS  |  |                                    |                                      | 5.2 NAM                       |                         |   |
| STREET ADDRESS  |  |                                    |                                      |                               | EET ADDRESS<br>'-ST-ZIP |   |
| CITY-ST-ZIP<br>TITLE  |  |                                    | DELETE                               | 5.4 City<br>6.1 TiTL          |                         | Change Addition   |
| NAME  |  |                                    |                                      | 6.2 NAM                       |                         | band strange band found   |
| STREET ADDRESS  |  |                                    |                                      |                               | ET ADDRESS              |   |
| CITY-ST-ZIP   |  |                                    |                                      |                               | - ST - ZIP              |   |
| 14. I hereby of indicated   | ertify that the information supplied on this annual report or supplement       | with this filing<br>tal annual rec | does not qualify fort is true and ac | or the exen                   | nption stat             | ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an |

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplier 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 repetity 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 go an intagment with an addition.

SIGNATURE:

THOMAS 2. TOMPKING

Pec. 4->3-98

VAT DUT . 171