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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023662 (5)

1. Corporation Name
HERITAGE FACILITIES, INC.

Principal Place of Business
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

Mailing Address
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report

4. FEI Number
59-3401721

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPP, GREGORY A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

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 607.0502 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

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 D ☐ DELETE
NAME MCPHILLIPS, MICHAEL F
STREET ADDRESS 450 CHALLENGER ROAD
CITY-STATE-ZIP CAPE CANAVERAL FL 32920

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 450 CHALLENGER ROAD
CITY-STATE-ZIP CAPE CANAVERAL FL 32920

2.1 TITLE V/S/T ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME Hartman, Michael
3.3 STREET ADDRESS 450 Challenger Road
3.4 CITY-STATE-ZIP Cape Canaveral, FL 32920

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME Colvard, Alison Kerr-Hull
4.3 STREET ADDRESS 450 Challenger Road
4.4 CITY-STATE-ZIP Cape Canaveral, FL 32920

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 100002197591
5.3 STREET ADDRESS -06/02/97--01079--001
5.4 CITY-STATE-ZIP ***5733.75

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Alison Kerr-Hull Colvard, V.P.
Signature typed or printed name of signing officer or director

3/28/97 407-799-4090 ex: 284

Date

Daytime Phone #

CR2E034 (9/96)