

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023663 (3)

1. Corporation Name

HERITAGE RIVERS BEND GROUP, 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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3367666

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

MCPHILLIPS, JACQUELINE U
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

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

83

000002075120--2

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hartman, Michael A.	
3.3 STREET ADDRESS	450 Challenger Road	
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Colvard, Alison Kerr-Hull	
4.3 STREET ADDRESS	450 Challenger Road	
4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address

SIGNATURE:

Alison Kerr-Hull Colvard, V.P.

1/30/97

Date

407-799-4090

Daytime Phone #

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97 JUN 31 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)



Page 2 of 2

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97 JAN 31 PM 2:27

ACCOUNT NO. : 072100000032
REFERENCE : 244529
AUTHORIZATION : Patricia Pizub
COST LIMIT : \$ 173.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
82015A

ORDER DATE : January 31, 1997

ORDER TIME : 12:32 PM

ORDER NO. : 244529-015

CUSTOMER NO: 82015A

000002075120--2

CUSTOMER: Alice C. Valliere, Legal Asst
The Heritage Company
450 Challenger Road

Cape Canaveral, FL 32920-4226

ANNUAL REPORT FILING

NAME: HERITAGE RIVERS BEND
GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS:

RECEIVED
96 JAN 31 PM 4:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MMW