

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90012 029 ***550.00

DOCUMENT # **P96000080792**

1. Corporation Name
HERITAGE GREEN, INC.



Principal Place of Business
**101 BIG BEND ROAD
RUSKIN FL 33572**

Mailing Address
**101 BIG BEND ROAD
RUSKIN FL 33572**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1996

4. FEI Number
59-3405062

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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business
21 **103 Big Bend Road**

Suite, Apt. #, etc.

22 City & State
Apollo Beach, FL

23 Zip
33572

24 Country

2a. Mailing Address
26 **103 Big Bend Road**

Suite, Apt. #, etc.

27 City & State
Apollo Beach, FL

28 Zip
33572

29 Country

9. Name and Address of Current Registered Agent

**REYNOLDS, STEPHEN H ESQ
111 E. MADISON STREET
SUITE 2300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

TITLE **STD** ☒ DELETE
NAME **ELSBERRY, ROSS S**
STREET ADDRESS **HWY #41 & STATE RD 672**
CITY-ST-ZIP **RUSKIN FL 33572**

TITLE **STD** ☒ DELETE
NAME **ELSBERRY, DONALD L**
STREET ADDRESS **HWY #41 & STATE RD 672**
CITY-ST-ZIP **RUSKIN FL 33572**

TITLE **VD** ☒ DELETE
NAME **ELSBERRY, TERRY L**
STREET ADDRESS **HWY #41 & STATE RD 672**
CITY-ST-ZIP **RUSKIN FL 33572**

TITLE **VD** ☒ DELETE
NAME **ELSBERRY, BRUCE P**
STREET ADDRESS **HWY #41 & STATE RD 672**
CITY-ST-ZIP **RUSKIN FL 33572**

TITLE **VD** ☒ DELETE
NAME **BENUS, LYNN**
STREET ADDRESS **HWY #41 & STATE RD 672**
CITY-ST-ZIP **RUSKIN FL 33572**

TITLE **PD** ☐ DELETE
NAME **THOMAS, JEFF**
STREET ADDRESS **HWY #41 & STATE RD 672**
CITY-ST-ZIP **RUSKIN FL 33572**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Thomas, Ike**
1.3 STREET ADDRESS **103 Big Bend Road**
1.4 CITY-ST-ZIP **Apollo Beach, FL 33572**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **May Cliff**
2.3 STREET ADDRESS **103 Big Bend Road**
2.4 CITY-ST-ZIP **Apollo Beach, FL 33572**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Raines Jimmy**
3.3 STREET ADDRESS **103 Big Bend Road**
3.4 CITY-ST-ZIP **Apollo Beach, FL 33572**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **VD** ☒ Change ☐ Addition
6.2 NAME **Thomas, Jeff**
6.3 STREET ADDRESS **103 Big Bend Road**
6.4 CITY-ST-ZIP **Apollo Beach, FL 33572**

14. I 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/99 813-677-0779

CR2E034 (5/99)