

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

DOCUMENT # P96000094328 (7)

1. Corporation Name:  
HERITAGE CLA, INC.



Principal Place of Business  
1515 RIVERSIDE AVENUE, SUITE A  
JACKSONVILLE FL 32204

Mailing Address  
1515 RIVERSIDE AVENUE, SUITE A  
JACKSONVILLE FL 32204-4134

3. Date Incorporated or Qualified 11/13/1996  
3a. Date of Last Report

2. Principal Place of Business 21 1699 PELICAN PL 2a. Mailing Address 26 1699 PELICAN PL 4. FEI Number 59-3417907 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired 8.75 Additional Fee Required

23 MIDDLEBURG, FL 28 MIDDLEBURG, FL 6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees

24 32068 25 CLAY 29 32068 30 CLAY 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, W. ROBINSON  
1515 RIVERSIDE AVENUE, SUITE A  
JACKSONVILLE FL 32204

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ALEY, NANCY E	1.2 NAME	
STREET ADDRESS	1699 PELICAN PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL 32068-6617	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Nancy E. Aley, President 4/1/97 904-272-4511

CR2E034 (9/96)