

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094795 (7)

1. Corporation Name
HERITAGE RESTORATION, INC.



Principal Place of Business

4799 SHORELINE CIR
SANFORD FL 32771

Mailing Address

4799 SHORELINE CIR
SANFORD FL 32771-7119

3. Date Incorporated or Qualified

11/15/1996

3a. Date of Last Report

4. FEI Number

59-3412412

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

21 1164 Jessamine Lake Court
Suite, Apt. #, etc.

22

23 Orlando Florida
City & State

24 32839 25 US
Zip Country

2a. Mailing Address

26 1164 Jessamine Lake Court
Suite, Apt. #, etc.

27

28 Orlando Florida
City & State

29 32839 30 US
Zip Country

9. Name and Address of Current Registered Agent

GRONERT, JEAN M
4799 SHORELINE CIR
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

Kevin W Poole

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

1164 Jessamine Lake Court

83

84 City

Orlando

FL

85 Zip Code

32839

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)

5/9/97

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME MUNIZZI, RONALD J
STREET ADDRESS 3732 ALDERGATE PL
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE President ☐ DELETE
NAME Kevin W Poole
STREET ADDRESS 1164 Jessamine Lake Court
CITY-ST-ZIP Orlando FL 32839

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME delete - no longer officer
1.3 STREET ADDRESS or director
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 ☐ Change ☐ 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: V

ST. JEROME DEQUIN

5/26/97 850-9608

CR2E034 (9/96)