PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000008181

1. Corporation Name

HERITAGE BUILDERS OF TAMPA BAY INC					 ***********************************			
	•							
Principal Place	of Business	Mailing Address						^
3959 VAN DYKE	3959 VAN DYKE ROAD					•		
SUITE 199 SUITE 199						SO NOT INDITE IN THE	COACE	
LUTZ FL 33549 LUTZ FL 33549						DO NOT WRITE IN THE	SPACE	
						3. Date Incorporated or Qualifed		1
		1 - 44 11 441				01/23/1997	1 1 4	-K-d Fa-
2. Principal Pl	ace of Business	2a. Mailing Address	·			4, FEI Number	<u> </u>	plied For
21		26				59-3425334	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired	Fee Re	
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.00	,
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Ir		
24	25		30			Personal Property Tax.		□No
	9, Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
חטט	NECHADILI MCHACI		Ι,	B1 Na	ame			
RIDDLESWORTH, MICHAEL				32 St	reet A	ddress (P.O. Box Number is Not Acceptable)		
	CRENSHAW LAKE ROAD							
LU12	Z FL 33549		1	B3				ĺ
•			1	84 Cit	ty	F	85 Zip C	Code
44 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the ah	OVE-DAI	med co	progration submits this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Flonda. Such change was at	ithonzea i	ov the (corpor	ation's board of directors. I hereby accept the appoint	intment as reg	gistered
SIGNATURE						uired when reinstation) DATE		
	Signature, typed or printed name of registered agent		Ť	igent sign:	ature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12
12.	OFFICERS AND DIRECTORS P			13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	. ·		1			1		\
NAME	RIDDLESWORTH, MICHAEL	•	1.2 NAM			•		}
STREET ADDRESS			I.	1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	LUTZ FL 33549		_	1.4 CITY-ST-ZIP		VICE PRESIDENT	Change	Addition
TITLE		☐ DELETE 2.11			1	ROBERT L. MCLAUGHLIN	Onarige	7
NAME				2.2 NAME		ROBERT L. MELLINGE		
STREET ADDRESS	Carlo Calabrata	a	2.3 STREET		RESS	8402, SHENANDOAH RUN	t <i>i</i> .	1
CITY-ST-ZIP				Y-ST-ZIP	<u>, r</u>	NESLEY CHAPEL, FL. 3354	<u> </u>	Addition
TITLE		☐ DELETE 3.1 T				•	□ cuange	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STR	EET ADDI	RESS	•		
CITY-ST-ZIP			_	Y-ST-ZIP	<u>'</u> +		Change	Addition
TITLE		☐ DELETE	4.1 TITL				□ cuange	
NAME			4. 2 NA	ME		•		
STREET ADDRESS	* -		4.3 STR	EET ADD	RESS			
CITY-ST-ZIP		,		r-st-zip			П сч	
TITLE		☐ DELETE	5.1 TITL	•		•	Change	Addition
NAME		•	5.2 NAN					
STREET ADDRESS				EET ADDI	- 1	•		
CITY-ST-ZIP				/-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL				Change	☐ Addition
NAME	· .		6.2 NAA	Æ	Į			1
STREET ADDRESS	,		6.3 STR	EET ADDI	RESS			1

CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90118 040 ***150.00