

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000017552 1. Corporation Name Heather P. Richards, P.A.					
Principal Place of Business 11007 N. 56th St, Ste 204 Temple Terrace, FL 33617			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2/25/97	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 59-3429930	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent Heather P. Richards 11007 N. 56th St, Ste 204 Temple Terrace, FL 33617				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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME			1.1 TITLE		☐ Change ☒ Addition
STREET ADDRESS			1.2 NAME	P Heather P. Richards	
CITY-ST-ZIP			1.3 STREET ADDRESS	11007 N. 56th St, Ste 204	
			1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
			3.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE		☐ Change ☐ Addition
			4.2 NAME		
TITLE		☐ DELETE	4.3 STREET ADDRESS		
NAME			4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP			5.2 NAME		
			5.3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 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.					
SIGNATURE: Heather P. Richards 5/1/98 813-985-7471					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)