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

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000017389

1. Corporation Name
HERITAGE MORTGAGE & FINANCIAL SERVICES, INC.

[redacted]

04/20/99 00213 003 01587

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14906 WINDING CREEK COURT STE 104D TAMPA FL 33614-1627 CHG.	14906 WINDING CREEK COURT STE 104D TAMPA FL 33614-1627 CHG.

2. Principal Place of Business 21 14502 N.DALE MABRY	2a. Mailing Address 26 3834 NORTHDALE BLVD.
Suite, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27 #224 PMB ~~one word~~
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33624 Country 25 HILLS.	Zip 29 33624 Country 30 HILLS.

3. Date Incorporated or Qualified: 02/23/1998
4. FEI Number: 59-3568800 ☐ 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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACDONALD, SUSAN Y.
14906 WINDING CREEK COURT
STE 104D
TAMPA FL 33614-1627
CHG, ADDRESS

10. Name and Address of New Registered Agent — CHG.

81 Name: SUSAN Y. BREMM-MACDONALD
82 Street Address (P.O. Box Number is Not Acceptable): 3827 NORTHDALE BLVD. #
83 #224
84 City: TAMPA FL 85 Zip Code: 33624

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: Susan Y. Bremm-Macdonald 4/13/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/CEO SUSAN Y. BREMM-MACDONALD 14502 N. DALE MABRY, STE 200 TAMPA, FL 33618	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Susan Y. Bremm-Macdonald 4/13/99 (813) 292-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

USF requirement
Line 27 must read PMB224 ; Thanks
all addresses holders just got notice