

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90044 020 ***150.00

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|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000032146

1. Corporation Name

HERITAGE INTERNATIONAL COMMUNICATIONS, INC.

Principal Place of Business
1600 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

Mailing Address
1600 W. EAU GALLIE BLVD.
MELBOURNE FL 32935


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

59-3501325

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

CARRAWAY, JAMES D
1600 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
William C. Potter
82 Street Address (P.O. Box Number is Not Acceptable)
Potter, McClelland, Marks & Healy P.A.
83
700 S. Babcock St., #400
84 City
Melbourne, FL 32901
85 Zip Code
FL

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 607.0508, Florida Statutes.

SIGNATURE **William C. Potter**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/23/99

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CARRAWAY, JAMES D | |
| STREET ADDRESS | 1600 W. EAU GALLIE BLVD. | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TOLLEY, WILLIAM R | |
| STREET ADDRESS | 1600 W. EAU GALLIE BLVD. | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JONES, BILLY C | |
| STREET ADDRESS | 5773 NEWBURY CIRCLE | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ANDERSON, DELWYN D | |
| STREET ADDRESS | 1414 GLENEAGLES WAY | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Tolley **2/23/99** **407 7529464**
 Date Daytime Phone #

CR2E034 (11/98)