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

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PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # P98000059666

1. Corporation Name
HERITAGE MORTGAGE CORP.

Principal Place of Business	Mailing Address
1334 TIMBERLANE RD SUITE 8 TALLAHASSEE FL 32312	1334 TIMBERLANE RD SUITE 8 TALLAHASSEE FL 32312

2. Principal Place of Business	2a. Mailing Address
21 1963 Village Green Way	26 1963 Village Green Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: Tallahassee Florida	28 City & State: Tallahassee Fl
24 Zip: 32308 25 Country: Green	29 Zip: 32305 30 Country: Green

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1998

4. FEI Number
59 352 2792 [ ] 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

COX, ANNETTE M
1334 TIMBERLANE RD SUITE 8
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Cox, Annette
82 Street Address (P.O. Box Number is Not Acceptable): 6327 Pickney Hill Rd
83
84 City: Tallahassee FL 85 Zip Code: 32312

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: Annette Marie Cox — Signature, typed or printed name of registered agent and title if applicable — Annette M. Cox (Name Registered Agent signature must appear above on this line) — DATE: 3/1/99

12. OFFICERS AND DIRECTORS

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		
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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

11 TITLE	P	[ ] Change [X] Addition
12 NAME	JERRY L. COX	
13 STREET ADDRESS	6327 Pickney Hill Rd	
14 CITY-ST-ZIP	Tallahassee Fl 32312	
21 TITLE	S	[ ] Change [X] Addition
22 NAME	Annette M. Cox	
23 STREET ADDRESS	6327 Pickney Hill	
24 CITY-ST-ZIP	Tallahassee Fl 32312	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

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3/10/99

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: Annette M Cox — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/1/99 — Date — Daytime Phone #

CR2E034 (11/98)