

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90070 024 ***150.00

DOCUMENT # P98000074374

1. Corporation Name
HERITAGE INNS CO.

Principal Place of Business
118 FAIRWAY DRIVE
HAINES CITY FL 33844

Mailing Address
118 FAIRWAY DRIVE
HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

59-3548892

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

10. Name and Address of New Registered Agent

SWAGGER, CAROLE
3105 SANDY CIRCLE
HAINES CITY FL 33844

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Haines City

FL

85 Zip Code

33844

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

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 PD
NAME SWAGGER, CAROLE
STREET ADDRESS 3105 SANDY CIRCLE
CITY-ST-ZIP HAINES CITY FL 33844

1.1 TITLE D
1.2 NAME Kleckner, Gail
1.3 STREET ADDRESS c/o M. Kleckner 118 Fairway Drive
1.4 CITY-ST-ZIP Haines city, FL 33844

TITLE ST
NAME BURBECK, NANCY
STREET ADDRESS 4558 HAMPSTEAD PLACE
CITY-ST-ZIP LOVES PARK IL 61111

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME MEUSLING, KAY
STREET ADDRESS 4760 APOLLO DRIVE
CITY-ST-ZIP MACHESNEY PARK IL 61115

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DONATO, MARIANNE
STREET ADDRESS C/O MARION KLECKNER 118 FAIRWAY DRIVE
CITY-ST-ZIP HAINES CITY FL 33844

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WILSON, JILL
STREET ADDRESS 4875 VALLEY ROAD
CITY-ST-ZIP LEVERING MI 49755

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Carole Swagger

1/20/99 941 421-6162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)