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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S22960** **(6)**

1. Corporation Name
HERITAGE AMERICA CORP.

Principal Place of Business	Mailing Address
P.O. BOX 1441 101 GEORGE KING BLVD. SUITE 4 CAPE CANAVERAL FL 32920	P.O. BOX 1441 101 GEORGE KING BLVD. SUITE 4 CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1991**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-3115569** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24
County — 25
Zip — 29
County — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCMULLEN, JR T J 101 GEORGE KING BLVD SUITE 4 CAPE CANAVERAL FL 32920	81 Name: GREGORY A. POPP, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 101 GEORGE KING BLVD. 83: SUITE 4 84 City: CAPE CANAVERAL FL 85 Zip Code: 32920

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 _____ April 25, 1995
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when restituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☐ Change ☐ Addition
NAME	MCMULLEN, JR T J	12 NAME	
STREET ADDRESS	205 WASHINGTON AVE	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	14 CITY-ST-ZIP	
TITLE	CVD	21 TITLE	☐ Change ☐ Addition
NAME	MCPHILLIPS, MICHAEL F	22 NAME	
STREET ADDRESS	101 GEORGE KING BLVD, STE 4	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	MCPHILLIPS, JACQUELINE	32 NAME	
STREET ADDRESS	101 GEORGE KING BLVD, STE 4	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jacqueline McPhillips 4/25/95 407-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073501 C#