

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90020 006 ***158.75

DOCUMENT # S22960

1. Corporation Name
HERITAGE AMERICA CORP.

Principal Place of Business
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

Mailing Address
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1991

4. FEI Number

59-3115569

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

POPP, GREGORY A ESQ
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name Michael A. Hartman
82 Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Rd
83
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CVD
NAME MCPHILLIPS, MICHAEL F
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL ☐ DELETE

TITLE VSD
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL ☐ DELETE

TITLE DPT
NAME FLEMING, RANDALL M
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ DELETE

TITLE V
NAME HARTMAN, MICHAEL
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ DELETE

TITLE V
NAME COLVARD, ALISON
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 REQUIRED
Signature, typed or printed name of signing officer or director

ALISON KERR - HULL COLVARD

2/15/99 407-799-4090

Date Daytime Phone #

CR2E034 (11/98)

0111132