

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90247 008 \*\*\*150.00

DOCUMENT # S98639

1. Corporation Name  
HERITAGE BAY CORPORATION

Principal Place of Business

399 HIDEAWAY BAY DR.  
DESTIN FL 32541  
US

Mailing Address

399 HIDEAWAY BAY DR.  
DESTIN FL 32541  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1991

4. FEI Number

59-3097768

Applied For

Not Applicable

5. Certificate of Status Desired ☒ No ☐ Yes \$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

21 156 Montclair Loop

Suite, Apt. #, etc.

22 City & State

23 Daphne AL

24 36526 25 U.S.A.

2a. Mailing Address

26 156 Montclair Loop

Suite, Apt. #, etc.

27 City & State

28 Daphne AL

29 36526 30 U.S.A.

9. Name and Address of Current Registered Agent

FONTAINE, GEORGE T.  
399 HIDEAWAY BAY DR.  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 P  
NAME CIMMINO, PETER R  
STREET ADDRESS 399 HIDEAWAY BAY DR.  
CITY-ST-ZIP DESTIN FL 32541

TITLE VST  
NAME FONTAINE, GEORGE T  
STREET ADDRESS 399 HIDEAWAY BAY DR.  
CITY-ST-ZIP DESTIN FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 RECORDED  
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

334-626-3192  
901-684-302

CR2E034 (11/98)