SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:57

DOCUMENT # **V62596** **(4)**

1. Corporation Name

HEDGEWOOD HEIGHTS, INCORPORATED

Principal Place of Business	Mailing Address
2640 CAMPBELLTON RD. S.W. ATLANTA GA 30311 US	4502 S. MANHATTAN AVE TAMPA FL 33611 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/04/1992**
3a. Date of Last Report: **05/13/1994**
4. FEI Number: **59-2007941**
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. Does corporation fully satisfy the exemption tax under s. 193.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4502 S Manhattan Ave	26
22 Suite Apt # etc	27 Suite Apt # etc
23 City & State: Tampa FL	28 City & State
24 Zip: 33611 25 Country: US	29 Zip 30 Country

9. Name and Address of Current Registered Agent

NULL, SHIRLEY
4502 S. MANHATTAN AVE.
TAMPA FL 33611

10. Name and Address of New Registered Agent

31 Name: John M Miller
32 Street Address (P.O. Box Number is Not Acceptable): 4502 S Manhattan Ave
33
34 City: Tampa FL 35 Zip Code: 33611

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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] 6-26-95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS, OR CHANGES	
41 Title	DPT	41 Title	DPT ☒ Change ☐ Addition
42 Name	NULL, SHIRLEY	42 Name	John M Miller
43 Street Address	4502 S MANHATTAN AVE	43 Street Address	4502 S Manhattan Ave
44 City St Zip	TAMPA FL	44 City St Zip	Tampa FL 33611
45 Title	DV	45 Title	☐ Change ☐ Addition
46 Name	JONES, STANLEY	46 Name	
47 Street Address	202 E HANLON ST.	47 Street Address	
48 City St Zip	TAMPA FL	48 City St Zip	
49 Title	DS	49 Title	☐ Change ☐ Addition
50 Name	NULL, CHRIS	50 Name	
51 Street Address	4502 S. MANHATTAN	51 Street Address	
52 City St Zip	TAMPA FL 33611	52 City St Zip	
53 Title		53 Title	☐ Change ☐ Addition
54 Name		54 Name	
55 Street Address		55 Street Address	
56 City St Zip		56 City St Zip	
57 Title		57 Title	☐ Change ☐ Addition
58 Name		58 Name	
59 Street Address		59 Street Address	
60 City St Zip		60 City St Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City St Zip		64 City St Zip	

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is accurately 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: [signature] John M. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President
6.6.95 813-839-7438
(Date) (Telephone Number)

0184000 FP