Applied For Not Applicable

\$8.75 Additional

Fee Required

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 16, 1999 8:00 am Secretary of State

04-16-1999 90083 039 ***150.00

DOC	JMENT	⁻ #	55	95	14

1. Corporation Name

			_
-= HI I	GHFS-	RESORT:	-INC

Principal Place of Business 17255 FRONT BEACH RD PANAMA CITY BEACH FL 32413

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

17255 FRONT BEACH RD PANAMA CITY BEACH FL 32413

|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/06/1978

59-1799903

4. FEI Number

(
City & Sta	ate	City & State				Election Campaign Finance Trust Fund Contribution	cing	\$5.00 Added to	
Zip	Country	Zip	c	ountry		8. This corporation owes the	current year li	ntangible	
24	. 25	29	30			Personal Property Tax.	•		□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of N	ew Registered	d Agent	
				81	Name				
	GHES, RICHARD S.			82	Street Ad	Idress (P.O. Box Number is Not Acc	rentable)		
172	55 FRONT BEACH RD			02	Oli Got Au	idless (1.0. box resilibor is recent	осражо,		
PAN	NAMA CITY BEACH FL 32413			83					
1				ليا	0				
1				84	City		F	L 85 Zip C	ode
office or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change ligations of, Section 607.05	e was authoriz 505, Florida St	ed by atutes	the corpora	rporation submits this statement for ation's board of directors. I hereby a	the purpose of the appointment of the purpose of the appointment of the appointment of the appointment of the purpose of the p	of changing its cintment as rec	registered gistered
12.		AND DIRECTORS	1:			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DEI	LETE 1.1	TITLE				Change	☐ Addition
NAME	HUGHES, RICHARD S.		1.2	NAME					
STREET ADDRESS			13	STREET	ADDRESS				
CITY-ST-ZIP	PANAMA CITY BCH. FL			CITY-S					
TITLE	STD	□ DEI		TITLE				Change	Addition
NAME	HUGHES, PATTIE A.			NAME					
STREET ADDRESS			1		ADDRESS				
	PANAMA CITY BCH. FL			4 CITY-S	}				
CITY-\$T-ZIP	PANAMA CITT DOTI. FL			TITLE	17-ZIF			Change	Addition
NAME				NAME				_	
STREET ADDRESS					ADDRESS				
	9	•		CITY-S					
CITY-ST-ZIP		DE		TITLE	11-21			Change	Addition
NAME				2 NAME				_ •	
					ADDRESS				
STREET ADORES:	3								
CITY-ST-ZIP				CITY-ST	1-219	- 422-1		☐ Change	☐ Addition
TITLE				NAME					
NAME					ADDRESS	,			
STREET ADDRES	s			CITY-S		i.		İ	
CITY-ST-ZIP	1 1 20 1			TITLE	1:41F =			Change	☐ Addition
TTLE				NAME	\				
NAME	.}				ADDRESS	.			
STREET ADDRES									
CITY OT 7ID	1		■ 6.4	CITY-S'	1-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.