

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H71008 (7)

1. Corporation Name
HIGHLANDS INDEPENDENT BANK

Principal Place of Business Mailing Address
2900 U.S. HIGHWAY 27, NORTH SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/13/1985** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2571173		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, ROBERT C	12 NAME	
STREET ADDRESS	475 LAKE LOTELA DR	13 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	14 CITY - ST - ZIP	
TITLE	AVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKLIN, NANCY K	2.2 NAME	
STREET ADDRESS	609 E. MAIN STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	2.4 CITY - ST - ZIP	
TITLE	AV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, G. GRANT	3.2 NAME	
STREET ADDRESS	3307 AUSTIN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE	PDO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, JAMES O.	4.2 NAME	
STREET ADDRESS	702 NINTH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, EDWARD O., JR.	5.2 NAME	
STREET ADDRESS	1908 DELEON PL.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	5.4 CITY - ST - ZIP	
TITLE	DE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELEAR, CARLTON LR.	6.2 NAME	
STREET ADDRESS	1145 LAKE LOTELA DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	6.4 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Nancy K Macklin* **Nancy K Macklin** 3/31/95 813-385-8700
(Signature) (Name) (Date) (Telephone)

C/D	BARBEN, ROBERT J.	304 S DELANEY AVE. P.O. BOX 1058	AVON PARK FL	33825
D	BONE, AUBREY H.	209 REVSON AVE. P.O. BOX 1096	SEBRING FL	33871
D	DAVIS, JOE L.	2308 U S HWY 27 S.	AVON PARK FL	33825
D	KOCK, EDWARD O., JR.	1908 DELEON PL.	SEBRING FL	33870
D	PAHK, KYE C.	4017 LAFAYETTE AVE	SEBRING, FL	33872
D	SCHOFIELD, TILDEN R.	1801 BOOTH DR.	SEBRING FL	33872
D	SCHUMACHER, CHARLES R.	1901 DE SOTO PL.	SEBRING FL	33870
D	SHACKELFORD, CHARLES L.	W. LOUISIANA AVE. P.O. BOX 1420	WAUCHULA FL	33873
D	TAYLOR, C. WAYNE	814 NW LAKEVIEW DR.	SEBRING FL	33870
D	WATKINS, THOMAS S.	LAKE LOTELA DR. E. P.O. BOX 1355	AVON PARK FL	33825
D	CREWS, ROBERT C.	475 LAKE LOTELA DR. P.O. BOX 1117	AVON PARK FL	33825
D/E	CREWS, C. ELTON	1275 LAKE LOTELA DR. P.O. BOX 1405	AVON PARK FL	33825
D/E	MELEAR, CARLTON R.	1145 LAKE LOTELA DR. P.O. BOX 1647	AVON PARK FL	33825

OFFICERS

P/D/O	CRAWFORD, JAMES O.	702 9TH AVE.	SEBRING FL	33872
V	STEEDLEY, HAZEL J.	223 JAY AVE.	SEBRING FL	33872
V	DONNAN, WILLIAM J.	4202 VANTAGE CR.	SEBRING FL	33872
A/V/C	MACKLIN, NANCY K.	809 E. MAIN ST.	AVON PARK FL	33825
A/V	SIMMONS, G. GARY	3307 AUSTIN ST.	SEBRING FL	33872
A/C	GALLAGHER, MARY C.	23 FISH & SKI LN.	LAKE PLACID FL	33852
A/A	JARRIEL, SHIRLEY D.	RT. 2, BOX 175	WAUCHULA FL	33873