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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H71008

(7)

1. Corporation Name
HIGHLANDS INDEPENDENT BANK



Principal Place of Business
**2600 U.S. HIGHWAY 27, NORTH
SEBRING FL 33870**

Mailing Address
**2600 U.S. HIGHWAY 27, NORTH
SEBRING FL 33870-1871**

3. Date Incorporated or Qualified 08/13/1985	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2571173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent	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 _____ DATE _____
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, ROBERT C	1.2 NAME	
STREET ADDRESS	475 LAKE LOTELA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	AVC <input type="checkbox"/> DELETE	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	PDO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, JAMES O.	3.2 NAME	
STREET ADDRESS	702 NINTH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, EDWARD O., JR.	4.2 NAME	
STREET ADDRESS	1908 DELEON PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Nancy K. Macklin* **Nancy K. Macklin** 2/27/97 (941) 385-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

C/D	BARBEN, ROBERT J.	304 S DELANEY AVE. P.O. BOX 1056	AVON PARK FL	33825
D	CREWS, ROBERT C.	475 LAKE LOTELA DR. P.O. BOX 1117	AVON PARK FL	33825
D	DAVIS, JOE L.	708 EAST MAIN ST.	WAUCHULA FL	33873
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.	1601 BOOTH DR.	SEBRING FL	33872
D	SCHUMACHER, CHARLES R.	1901 DE SOTO PL.	SEBRING FL	33870
D	SHACKELFORD, CHARLES L.	1070 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.	531 LAKE LOTELA DR. E. P.O. BOX 1355	AVON PARK FL	33825
D/E	CREWS, C. ELTON	1275 LAKE LOTELA DR. P.O. BOX 1405	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	GRAF, PATRICIA	3182 W. XAVIER	AVON PARK FL	33825
V	SCHOLL, DAVID E.	1420 DUFFER RD	SEBRING FL	33872
A/V/C	MACKLIN, NANCY K.	609 E. MAIN ST.	AVON PARK FL	33825
A/C	HEINTZ, KIMBERLY A.	3000 MULLET AVE	SEBRING FL	33870
A/A	JARRIEL, SHIRLEY D.	157 MANLEY RD RT. 2, BOX 175	WAUCHULA FL	33873