

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2571173	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	V/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKLIN, NANCY K	2.2 NAME	Macklin, Nancy K
STREET ADDRESS	609 E. MAIN STREET	2.3 STREET ADDRESS	609 E. Main Street
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	Avon Park, FL 33825
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	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schofield, Tilden R	6.2 NAME	
STREET ADDRESS	1601 Booth Dr	6.3 STREET ADDRESS	
CITY-ST-ZIP	Sebring, FL 33872	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.

SIGNATURE: *Sandra B. Mortham* VP 2/9/98 (941) 385-8700

CR2E034 (10/97)

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	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
V/C	MACKLIN, NANCY K.	609 E. MAIN ST.	AVON PARK FL	33825
A/C	HEINTZ, KIMBERLY A.	612 Entrada Ave	SEBRING FL	33872
A/A	JARRIEL, SHIRLEY D.	157 MANLEY RD RT. 2, BOX 175	WAUCHULA FL	33873