

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90125 032 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067707

1. Corporation Name HIGHLANDER ENGINEERING, INC.

Principal Place of Business

208 E PINE ST STE 600 LAKELAND FL 33801 US

Mailing Address

208 E PINE ST STE 600 LAKELAND FL 33801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1994

4. FEI Number 59-3267407

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. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

21 208 E. Pine St.

2a. Mailing Address

26 208 E. Pine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lakeland FL

City & State

28 Lakeland, FL

Zip Country

24 33801 25 US

Zip Country

29 33801 30 US

9. Name and Address of Current Registered Agent

BLACK, KENNETH 5017 LOG CABIN DR LAKELAND FL 33809

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

2.1 TITLE [ ] Change [ ] Addition

3.1 TITLE [ ] Change [ ] Addition

4.1 TITLE [ ] Change [ ] Addition

5.1 TITLE [ ] Change [ ] Addition

6.1 TITLE [ ] Change [ ] Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

4-14-99

941 686-7767

Date

Daytime Phone #

CR2E034 (1/98)