

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 FEB 27 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95525

(7)

1. Corporation Name

HIGHPOINT INVESTORS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2954562

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 has liability for intangible tax under S. 199.032,
Florida Statutes

Yea

No

☒

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPSTETTER, DAVID P.
108 EAST COLLEGE AVENUE
SUITE 900
TALLAHASSEE FL 32301

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HUEY, J. MICHAEL

STREET ADDRESS

2380 MERRIGAN PLACE

CITY - ST - ZIP

TALLAHASSEE FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

D

NAME

GUILDAY, THOMAS J.

STREET ADDRESS

3209 E. LAKESHORE DR

CITY - ST - ZIP

TALLAHASSEE FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

D

NAME

TUCKER, J. KENDRICK

STREET ADDRESS

4505 HIGHGROVE RD

CITY - ST - ZIP

TALLAHASSEE FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

D

NAME

SCHWARTZ, GEOFFREY B.

STREET ADDRESS

2253 ARMISTEAD DR

CITY - ST - ZIP

TALLAHASSEE FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

D

NAME

WILLIAMS, WILLIAM E.

STREET ADDRESS

RT 3, BOX 507-G-2

CITY - ST - ZIP

TALLAHASSEE FL

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

D

NAME

WELLS, JAMES F.

STREET ADDRESS

3523 GALLAGHER DRIVE

CITY - ST - ZIP

TALLAHASSEE FL

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

D

NAME

WELLS, JAMES F.

STREET ADDRESS

3523 GALLAGHER DRIVE

CITY - ST - ZIP

TALLAHASSEE FL

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 119.024(1)(b), 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 and make 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 1032, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James F. Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Register Number:

000001

CP