FILED Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 189889 1. Corporation Name

H.J. HIGH CONSTRUCTION COMPANY

Principal Place 1015 WEST AM P.O. BOX 5550	IELIA 10	Mailing Address 1015 WEST AMELIA P.O. BOX 555010						
ORLANDO FL 32855-5010 ORLANDO FL 32855-5010						DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed 12/30/1955		
2 Principal D	lace of Business	2a. Mailing Address	_			12/30/1933 4. FEI Number	Δr	plied For
2. Principal P	lace of Business	26. Walling Address				59-0774606	<u> </u>	t Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.	٠				\$8.75	
22		27	•			5. Certifcate of Status Desired	Fee Re	equired
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year I		
24	25	29	30	_		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registere	1 Agent	
HIGS	H STEVEN W			"	Name			
HIGH,STEVEN W 1015 WEST AMELIA				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	H.J. HIGH CONSTRUCTION CO).		83				
	ANDO FL 32805	,.		"				
J CINE	ANDO 1 E 02000			84	City	F	85 Zip (Code
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	onda Stat	utes.	•	on's board of directors. I hereby accept the app		
12.	•	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PDST	☐ DELETE	1.1 T	ITLE			Change	Addition
NAME	HIGH,STEVEN W		1.2 N	AME				,
STREET ADDRESS	1452 MONTCALM ST		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ORLANDO,FL 00000		1.4 C	ITY-S1	r-ZIP			
TITLE			2.1 T	ITLE			Change	Addition
NAME			2.2 N	AME		•		ŀ
STREET ADDRESS			2.3 \$	TREET	ADDRESS	· .		ļ
CITY-ST-ZIP		****	2.40	TY-S	T- ZIP			
TITLE		☐ DELETE	3.1 T	TLE			Change	☐ Addition
NAME			3.2 N		Į			Ì
STREET ADDRESS	•		3.3 S	TREET	ADDRESS			+
CITY-ST-ZIP			_	XTY-S	T-ZIP	And the state of t	☐ Change	Addition
TITLE		☐ DELETE	4,1 T				☐ Criange	☐ Accilion
NAME				IAME		•		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE		ITY-SI	r-zip		☐ Change	Addition
TITLE			5.1 T 5.2 N					
NAME					ADDRESS			(
STREET ADDRESS			- 4	ITY-SI				1
CITY-ST-ZIP		☐ DELETE	6.1 T				☐ Change	Addition
İ			6.2 N					
NAME	1				ADORESS	•		ļ

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 title 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 only an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP