

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 355562 (0)
1. Corporation Name
HI-WAY, INC.



Principal Place of Business
4190 BEN DURRENCE ROAD
PO BOX 1956
BARTOW FL 33830

Mailing Address
4190 BEN DURRENCE ROAD
PO BOX 1956
BARTOW FL 33830

3. Date Incorporated or Qualified 11/19/1969 3a. Date of Last Report 01/24/1995
4. FEI Number 59-1276315 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 ☐ Yes ☐ No

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Zip 24 Country 25 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent

LEONARD, WARREN C
5214 COLBERT ROAD
LAKELAND FL 33803

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
PD COLEMAN, STEVE D 293 HERNANDO AVE WINTER HAVEN FL
CD LEONARD, WARREN C 5214 COLBERT ROAD LAKELAND FL
VSD LEONARD, STEVEN J 6229 CHRISTINA GROVES CI LAKELAND FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE 12 NAME
13 STREET ADDRESS 14 CITY- ST- ZIP
2 1 TITLE 22 NAME
23 STREET ADDRESS 24 CITY- ST- ZIP
3 1 TITLE 32 NAME
33 STREET ADDRESS 34 CITY- ST- ZIP
4 1 TITLE 42 NAME
43 STREET ADDRESS 44 CITY- ST- ZIP
5 1 TITLE 52 NAME
53 STREET ADDRESS 54 CITY- ST- ZIP
6 1 TITLE 62 NAME
63 STREET ADDRESS 64 CITY- ST- ZIP

100001743971
-03/15/96-01016-016
***200.00

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

941-533-1118

Date

Daytime Phone #

CR2E034 (12/95)