

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 16 1997 8:00am  
Secretary of State

DOCUMENT # 392468 (5)

1. Corporation Name  
PAT HIGDON INDUSTRIES, INC.

Principal Place of Business

LAKE TALQUIN ROAD  
P O BOX 980  
QUINCY FL 32351

Mailing Address

LAKE TALQUIN ROAD  
P O BOX 980  
QUINCY FL 32353-0980



2. Principal Place of Business

21 Dade St.  
Suite, Apt. #, etc.

22 Quincy FL  
City & State

23 Zip 32351  
Country

24 Godsden

2a. Mailing Address

26 PO Box 980  
Suite, Apt. #, etc.

27 Quincy, FL  
City & State

28 Zip 32353  
Country Godsden

3. Date Incorporated or Qualified

12/10/1971

3a. Date of Last Report

08/19/1996

4. FEI Number

59-1369340

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

9. Name and Address of Current Registered Agent

HIGDON, PATRICK H  
LAKE TALQUIN ROAD  
PO BOX 980  
QUINCY FL 32353

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 P  
NAME HIGDON JR., PATRICK H.  
STREET ADDRESS ATTAPULGUS RD.  
CITY-ST-ZIP QUINCY FL

TITLE S  
NAME HIGDON, V. R.  
STREET ADDRESS ATTAPULGUS RD.  
CITY-ST-ZIP QUINCY FL

TITLE T  
NAME HIGDON, V. R.  
STREET ADDRESS ATTAPULGUS RD.  
CITY-ST-ZIP QUINCY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in changed, or as an attachment with an address.

SIGNATURE:

Patrick Higdon Jr.

6/10/97

627-9524

CR2E034 (9/96)