

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **481060** (2)
1. Corporation Name
HIGHLANDS DESIGN OF CENTRAL FLORIDA, INC.

Principal Place of Business 6103 RIVERSIDE DR. WEST FT. MYERS FL 33919-1637 US	Mailing Address 6103 RIVERSIDE DR WEST FT. MYERS FL 33919-1637 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/23/1975	3a. Date of Last Report 01/23/1996
				4. FEI Number 59-1618668	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 EATON, FRANK G 6103 RIVERSIDE DRIVE WEST FT. MYERS FL 33919				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	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	☐ DELETE		1.1 TITLE	P	☐ Change ☒ Addition	
NAME	EATON, FRANK G			1.2 NAME			
STREET ADDRESS	6103 RIVERSIDE DR. WEST			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 0			1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	EATON, MELVILLE L.			2.2 NAME			
STREET ADDRESS	204 BONNIE VISTA DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARYVILLE TN			2.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	EATON, MARY M.			3.2 NAME			
STREET ADDRESS	6103 RIVERSIDE DR WEST			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP			
TITLE	P	☒ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	WALLACE, DAVID W.			4.2 NAME			
STREET ADDRESS	3705 CENTURY BLVD SUITE 7			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed, or on an attachment with an address.

SIGNATURE:

Frank G. Eaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK G. EATON 4-10-97 941-275-6419

Date

Daytime Phone #

CR2E034 (9/96)