

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB - 1 PM 1:43

**DOCUMENT # 762377 (0)**

1. Corporation Name

**HIGHLANDS LITTLE THEATRE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 691  
SEBRING FL 33871-0691

P.O. BOX 691  
SEBRING FL 33871-0691

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/10/1982</b>                                                                                           | 3a. Date of Last Report<br><b>02/21/1994</b> |
| 4. FEI Number<br><b>59-1211648</b>                                                                                                               | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>                                                            | <b>\$68.75 Supplemental Fee Not Required</b> |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

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

**9. Name and Address of Current Registered Agent**

**OBERHSUSEN FRANK C JR.  
241 SOUTH COMMERCE AVENUE  
SEBRING FL 33870**

**10. Name and Address of New Registered Agent**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number Is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |
|                                                       | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | <b>TD</b>                         |
| NAME           | <b>WALDRON, JANET</b>             |
| STREET ADDRESS | <b>1614 HOTIYEE</b>               |
| CITY-ST-ZIP    | <b>SEBRING FL</b>                 |
| TITLE          | <b>SD</b>                         |
| NAME           | <b>HAVLOCK, MILLEE</b>            |
| STREET ADDRESS | <b>5533 US 27 S</b>               |
| CITY-ST-ZIP    | <b>SEBRING FL 00000</b>           |
| TITLE          | <b>PD</b>                         |
| NAME           | <b>OBERHAUSEN, FRANK</b>          |
| STREET ADDRESS | <b>241 S COMMERCE AVE</b>         |
| CITY-ST-ZIP    | <b>SEBRING FL</b>                 |
| TITLE          | <b>VD</b>                         |
| NAME           | <b>STEELE, MARGARET</b>           |
| STREET ADDRESS | <b>267 NE LAKEVIEW DR. APT 12</b> |
| CITY-ST-ZIP    | <b>SEBRING FL</b>                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>William Cross</b>                                                         |
| 3.3 STREET ADDRESS | <b>4800 Haw Branch Rd.</b>                                                   |
| 3.4 CITY-ST-ZIP    | <b>Sebring, FL 33870</b>                                                     |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Waldron 1-26-95 813-382-3127