

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY -1 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790892
Corporation Name
Lakeland Highland Cooperative Association

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3009 East Road 540-A
Lakeland, FL 33813**

Mailing Address
**P.O. Box 188
Highland City, FL 33846**

3. Date Incorporated or Qualified 5/18/1914	3a. Date of Last Report 3-8-94
4. FEI Number 59-0324446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
County	County
25	30

9. Name and Address of Current Registered Agent

**Hart, Alan R.
2105 Clubhouse Road
Lakeland, FL 33813**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 agent 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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D/S
NAME	Williams, Mary H.
STREET ADDRESS	4212 Sylvan Ramble
CITY - ST - ZIP	Tampa, FL 33609
TITLE	P/D
NAME	Pipping, E. R., Jr.
STREET ADDRESS	1710 Mariposa Ave.-E
CITY - ST - ZIP	Bartow, FL 33830
TITLE	D
NAME	Griffin, James H., Sr.
STREET ADDRESS	3110 Oakbridge #245
CITY - ST - ZIP	Lakeland, FL 33813
TITLE	D
NAME	Safford, Robert V.
STREET ADDRESS	2010 East Road 540-A
CITY - ST - ZIP	Lakeland, FL 33813
TITLE	D/V
NAME	Tyndall, L.B.
STREET ADDRESS	1150 Bougainvillea Way-East
CITY - ST - ZIP	Bartow, FL 33830
TITLE	D/T
NAME	Byrd, B.F.
STREET ADDRESS	955 Floral Ave,
CITY - ST - ZIP	Bartow, FL 33830

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	1000014011
23 STREET ADDRESS	-05/04/95--01012--017
24 CITY - ST - ZIP	****130.00 ****130.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	20A
63 STREET ADDRESS	5-1
64 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **B. F. Byrd, Treasurer** **4-21-95** **(813)646-2593**