## 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

DOCUMENT # 844565

(2)

HIGHLAND MORTGAGE COMPANY

EII ED

Principal Plat 2040 HIGHLAN BIRMINGHAM	Mailing Address 2040 HIGHLAND AVENUE BIRNINGHAM AL 35205-3									
						3. Date Incorporated or Qualified 11/08/1979		ate of Le 28/199	nst Report	
2. Principal Place of Business 2a. Mailing A			g Address			4. FEI Number	1		Applied Fo	Or
Suite Apr		26 Cuita Ant # ata	Suite, Apt. #, etc.			¢0 75			Not Applic	
22	, fr. Cit.	27 Suite, Apr. #, etc.	<del></del>			5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
City & Sta	156	City & State	3			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curr	ent Registered Agent		81	Name	10, Name and Address of New Re	gistered	Agent		
	CORPORATION SYSTEM 00 S. PINE ISLAND ROAD						····			
	ANTATION FL 33324			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole) 			
				83						
				84	City		FL	85	Zip Code	
   <b>11.</b> Pursuan	t to the provisions of Sections 607.0	502 and 607.1508. Florida State	utes, the at	boye	a-named corr	coration submits this statement for the place tion's board of directors. I hereby acce			na its registe	ered
SIGNATURE	tograms type compared track of registered	agent and little it applicable (NC	OTE: Registere	d Age		red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIREC	TORS IN 12	
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019 (\$1-70) Titué	S	DELETE	3.4. U 4.1 TI		SY-ZIP			Cha	nge Ad	Idition
NAME	SKELLIE, TOMMIE GRAHAM		4. 2 N	IAME						}
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CITY ST 74" <b>14.</b> 1 do hero	I by certify that the information supp	lied with this filing does not qua				d in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify	that the	

4. For necessity 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 supplier that appears in office or director of the copy fution or tife receiver by triplete employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ricci. 12 or block 13 if first god, a direction of with a statute appears in Ricci. 12 or block 13 if first god, a direction of with a statute and direction.

**SIGNATURE** 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/25/97

205-250-9000

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