## TRANSMITTAL LETTER TD: Atlendmen Section Division of Torporations TRANSMITTAL LETTER Topics of Torporations Transmittal Letter Topics of Torporations

SUBJECT: Highmac, Inc.			-	<u>-                                      </u>		
(Name of	corporation	1)				
DOCUMENT NUMBER: F01000005233	<u> </u>		-	<del>- [                                   </del>		-
The enclosed Statement of Change of Registered O	ffice/Agen	t and fee are	e submitte	d for filing		
Please return all correspondence concerning this ma	atter to the	following:			•	
Cheryi R. Kraus	<del></del> .		-			
(Name of person)						
Kraus & Associates	<del>=</del> :		500	<b>3079</b> -09/24/02 ******35.	0102 nn **	33
(Name of firm/company)	_		•	STATE OF THE PARTY	4.0	
1072 Goodlette Road North	_					
(Address)						
Naples, Florida 34102	-			SEC	92	-
(City/state and zip code)				AK AK	SEP	-
For further information concerning this matter, plea	se call:			TARY	P24	Marian.
Cheryl R. Kraus at (	239)	261-7716		THE STATE OF	亲 r	
(Name of person) (A	Area code &	daytime tele	ephone nur	nber)	ë (	<b>7</b>
Enclosed is a \$35.00 check made payable to the Dep	partment of	f State.			38	

Mailing Address:
Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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CR2E045(07/02)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	t of change is submitted for a corporation organized under the laws of the State of
Florida	in order to change its registered office or registered agent, or both, in the State
of Florida.	cu Highmac Inc
	of the corporation: Highmac, Inc.
2. The princip	pal office address: 111 Callaway Court, Suite 200, Bowling Green, KY 42103
3. The mailing	g address (if different):
4. Date of inco	corporation/qualification: 10/08/2001 Document number: F01000005233
5. The name a	and street address of the current registered agent and registered office on file with the partment of State:
	CT Corporation System
	1200 South Pine Island Road =
	Plantation Florida 33324
6. The name changed):	and street address of the new registered agent (if changed) and /or registered office (if Change
	1072 Goodlette Road North
	(P.O. Box or personal mailbox NOT acceptable)
	Naples, Florida 34102
The street add agent, as chan	dress of its registered office and the street address of the business office of its registered nged will be identical.
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, on the corporation has been notified in writing of the change.  THOMAS K, HIGHTOWER
	icer, chairman profice chairman of the board) (Printed or typed name and title)
I jurtner agree performance o registered age	the appointment as registered agent and agree to act in this capacity. PEST VEN to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered s, I hereby confirm that the corporation has been notified in writing of this change.
( ) = 1	(Signature of Registered Agent) (Date)
If signing on beh Che ey)	half of an entity:  Registered Agent
	(Typed or Printed Name) (Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*