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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000005257 (1)

1. Corporation Name
J.D. HIGHLAND, INCORPORATED



Principal Place of Business Mailing Address
528 W. GARDEN ST. SUITE 1&2 PENSACOLA FL 32501
528 W. GARDEN ST. SUITE 1&2 PENSACOLA FL 32501-4700

3. Date Incorporated or Qualified **11/18/1993** 3a. Date of Last Report **04/04/1996**

21. Principal Place of Business 2442 Executive Plaza Rd	22. Suite, Apt. #, etc.	26. Mailing Address 2442 Executive Plaza Rd	27. Suite, Apt. #, etc.	4. FEI Number 72-0992791	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
23. City & State Pensacola, FL	28. City & State Pensacola, FL	29. Zip 32504	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24. Zip 32504	25. Country	29. Zip 32504	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCBRIDE, WILLIAM C 528 W. GARDEN ST. SUITE 2 PENSACOLA FL 32501				10. Name and Address of New Registered Agent		

→ Address change only, no Agent Change.

81 Name **McBride, William C.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2442 Executive Plaza Rd
 84 City **Pensacola** **FL** 85 Zip Code **32504**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	DPCE MCBRIDE, WILLIAM C 528 W. GARDEN ST. PENSACOLA FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DPCE McBride, William C.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	2442 Executive Plaza Rd
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Pensacola, FL
TITLE <input type="checkbox"/> DELETE	STD MCBRODE, KATHLENN 528 W. GARDNER STREET PENSACOLA FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STD
NAME		2.2 NAME	McBride, Kathleen
STREET ADDRESS		2.3 STREET ADDRESS	2442 Executive Plaza Rd
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Pensacola, FL
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: William C. McBride
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)