FILE'NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005257 (1)

J.D. HIGHLAND, INCORPORATED

FILED Mar 19 1998 8:00am Secretary of State

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										_{					
Principal Place of Business Mailing Address									1						
					2442 EXECUTIVE PLAZA RD										
PENSACOLA FL 32504 US				PEN US	PENSACOLA FL 32504					DO NOT WRITE IN THIS SPACE					
ľ	•			03	US					3. Date Incorporated or Qualified					
										11/18/199					
2.	Principal P	lace of Busine:	ss	2a. M	2a. Mailing Address					4. FEI Number			IAc	plied For	
21	•				26					72-0992	791			t Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				\neg					Additional	
22	2				27					5. Certificate of	Status Desired	ш	Fee Re	equired	
	City & State			C	City & State					6. Election Cam	paign Financing		\$5.00	May Be	
23				28	28					Trust Fund C	ontribution		Added	to Fees	
l	Zıp		Country	7	φ	Co	untry			8. This corporat	tion owes or has p	oaid the c	urrent year Int	angible	
24		20		29		30					perty Tax due Jur] No	
ļ	9. Name and Address of Current Registered Agent									10. Name and A	ddress of New F	tegistere	d Agent		
MCBRIDE, WILLIAM C															
							82	Street	Addres	s (P.O. Box Numb	oer is Not Accepta	able)			
	PEI					0	W. LLO	70 5-							
							83								
							84	City 4	·	 			85 Zip (Code	
<u> </u>								16	my	ACO CA		F	L 32	Code	
11	. Pursuant office or r	to the provision edistered agor	ns of Sections 607.0 nt, or both, in the Sta	502 and 607. de of Florida	.1508, Florida Stat -Such change wa:	utes, the a s authorize	bove d by	-named the corr	corporation	ation submits this o's board of direct	statement for the lors. I bereby acc	purpose eot the ar	of changing it	s registered registered	
1	agent la	m familiar with	and accept the ob-	ligations of, S	Section 607.0505, I	lorida Sta	tutes				,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIC	GNATURE														
Signature typed or printed name of registered agent and tille if applicable. (NOTE Bo 12. OFFICE RS AND DIRECTORS							Registered Agent signature require				HANGES TO OFF	DATE	ID DIRECTOR	OC IN 12	
TITL		DPCE	OFFICENS	INC CINE CIT	DELETE	1.1 T	(T) F	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CI	HANGES TO OFF	ICENS AF	Change	Addition	
NAI		MCBRIDE.	WILLIAM C			1.2 N									
	LEET ADDRESS	- AMA EVENUENE DIATA DO						ADORESS	72	0 W. L	LUYD ST				
ı	Y-ST-ZIP	PENSACO	LA FL				ITY-5		PE	WAGGGA	5 32	501		ŀ	
TITE		STD			DELETE	2.1 T		1-411	<u> </u>	177404.		/	Change	Addition	
NA	ME MOBRIDE		KATHLEEN			2 NAME *							1		
1			outive plaza r i	9-				ADDRESS	32	20 W. LLUYD ST ENSAGLA FE 325 LO W. LLOYP ST ENSAGLA R 32		7	•		
ı	Y-\$1-ZIP	PENSACO	NA FL				CITY - S		PF	h SACOCA	R 32	501			
TITE					DELETE	3.1 T							Change	Addition	
NA	ME					32 N	AME								
STR	EET ADDRESS					3.3 \$	TREET	ADDRESS							
CIT	Y-ST-ZIP					3.4. 0	CITY - S	IT-ZIP							
TITL	LE				DELETE	4.1 T	ITLE						Change	☐ Addition	
NA)	ME					4. 21	NAME]	
STR	EET ADDRESS					4.3 \$	TREET	ADDRESS							
CIT	Y-ST-ZIP					4.4.0	ITY - S	T - 21P							
TITL	ĻĒ				DELETE	5.1 1	ITLE				*		Change	Addition	
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STR	EET ADDRESS					6.3 \$	TREET	ADDRESS							
CIT	City-St-Zip						ITY-S	r-zip_							
													410 41 14		

Thereby 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 ennual 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 changing, or on an attachment with an address.

850-478-4485