

1151999-90018-040-\$150.00-\$150.00

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90018 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004961

1. Corporation Name
HIGHWOODS/FLORIDA GP CORP.



Principal Place of Business
**3100 SMOKETREE COURT, SUITE 600
RALEIGH NC 27604**

Mailing Address
**3100 SMOKETREE COURT, SUITE 600
RALEIGH NC 27604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
56-1993386

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 25

Zip Country
29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, RONALD P	1.2 NAME	
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27604	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WILLIAM T III	2.2 NAME	
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27604	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITSCH, EDWARD J	3.2 NAME	
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27604	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIUZZO, CARMAN J	4.2 NAME	
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27604	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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/9/99 919 872-9924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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- 50 1009-70001

Highwoods/Florida GP Corp.
Florida Department of State
Ref. Number F96000004961

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Officers and Directors (Attachment):

Title	Director of Risk Management/Audit
Name	Gregg Gordon
Street Address	3100 Smoketree Court, Suite 600
City, St, Zip	Raleigh, NC 27604

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