

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90033 024 ***150.00

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1. Entity Name
 HIGHWOODS/FLORIDA GP CORP.



Principal Place of Business Mailing Address

3100 SMOKETREE COURT, SUITE 600 3100 SMOKETREE COURT, SUITE 600
 RALEIGH, NC 27604 RALEIGH, NC 27604

94037027



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1993386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	RD CEO / Director
NAME	GIBSON, RONALD P
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	T VP
NAME	LIUZZO, CARMAN J
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	S Secretary / president
NAME	FRITSCH, EDWARD J
STREET ADDRESS	3100 SMOKETREE COURT, SUITE 600
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	Treasurer / CFO / VP
NAME	Terry L. Stevens
STREET ADDRESS	3100 Smoketree Ct, Suite 600
CITY-ST-ZIP	Raleigh NC 27604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3-16-04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #