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Apr 23 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 # H68996 (8)

1. Corporation Name  
HIGHLANDS MEDIA COMPANY, INC.

Principal Place of Business  
3750 US 27 NORTH SUITE 1  
SEBRING FL 33870

Mailing Address  
2605 JONILA AVE  
LAKELAND FL 33803-3248  
US



2. Principal Place of Business  
21 2605 JONILA AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 LAKELAND, FL

27 City & State

24 Zip 33803 25 Country POLK

29 Zip

30 Country

3. Date Incorporated or Qualified  
07/31/1985

3a. Date of Last Report  
04/11/1996

4. FEI Number  
59-2604876

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, JAMES M.  
3750 US 27 NORTH, SUITE 1  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name DUANE F. MCCONNELL  
82 Street Address (P.O. Box Number is Not Acceptable) 2605 JONILA AVE  
83  
84 City LAKELAND FL 85 Zip Code 33803

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 Duane F. McConnell

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/97

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME JOHNSON, JAMES M.  
STREET ADDRESS 3750 DOGWOOD AVE.  
CITY-ST-ZIP PALM BCH GARDENS FL ☒ DELETE

TITLE VSD  
NAME MCCONNELL, DUANE F.  
STREET ADDRESS 2605 JONILA AVENUE  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME DUANE F. MCCONNELL  
1.3 STREET ADDRESS 2605 JONILA AVE.  
1.4 CITY-ST-ZIP LAKELAND, FL 33803

2.1 TITLE VSD ☒ Change ☐ Addition  
2.2 NAME JAMES M. JOHNSON  
2.3 STREET ADDRESS 10144 SEAGRAPEWAY  
2.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, changed, or on an attachment with an address.

SIGNATURE: Duane F. McConnell

DATE 4/16/97

941-382-6698

CR2E034 (9/96)