

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H69612

1. Entity Name
HIGHLAND TERRACE SHOPPING CENTER, INC.



Principal Place of Business

**7200 N 9TH AVE
PENSACOLA, FL 32524 US**

Mailing Address

**PO BOX 220
DOTHAN, AL 36302 US**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number

63-0907985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRYARS, LETHIA S.
7200 N 9TH AVE
PENSACOLA, FL 32524**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAPMAN, CHARLES H., III
STREET ADDRESS 124 CHAPEL HILL RD
CITY-ST-ZIP DOTHAN, AL

TITLE D
NAME COE, FLORRIE C.
STREET ADDRESS 303 WHATLEY DRIVE
CITY-ST-ZIP DOTHAN, AL

TITLE D
NAME CHAPMAN, DAVIS F.
STREET ADDRESS 326 STONEGATE DR
CITY-ST-ZIP DOTHAN, AL 36305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000799760
01/30/08-80083-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08 (334) 792-5111