

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H80116 (7)**  
1. Corporation Name  
**HIGHLAND CONSTRUCTION AND DEVELOPMENT, INC.**

Principal Place of Business	Mailing Address
% RICHARD L. CHAD 1715 N HOWARD AVE TAMPA FL 33607	% RICHARD L. CHAD 1715 N HOWARD AVE TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/09/1985</b>	3a. Date of Last Report <b>05/13/1994</b>
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2. Principal Place of Business 21 <b>3713 W. CLEVELAND ST</b>	2a. Mailing Address 26 <b>3713 W. CLEVELAND ST</b>
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4. FEI Number <b>59-2613396</b>	Applied For <input type="checkbox"/> Not Applicable
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22. Suite, Apt. #, etc. <b>RA</b>	27. Suite, Apt. #, etc. <del>RA</del>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23. City & State <b>TAMPA, FL</b>	28. City & State <b>TAMPA, FL</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24. Zip <b>33609</b>	25. Country	29. Zip <b>33609</b>	30. Country
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**CHAD, RICHARD L.  
1715 N HOWARD AVE  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>3713 W. CLEVELAND ST</b>
83.	
84. City	<b>TAMPA</b>
85. State	<b>FL</b>
86. Zip Code	<b>33609</b>

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>CHAD, RICHARD L.</b>
STREET ADDRESS	<b>1715 N HOWARD AVE</b>
CITY ST ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3713 W. CLEVELAND ST</b>
1.4 CITY - ST - ZIP	<b>TAMPA, FL 33609</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 person or person 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 as an attachment with an address.

SIGNATURE:  **RICHARD CHAD** **4/27/95** **(813) 874-7176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/PHONE #