

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H90957** (2)

1. Corporation Name

HIGHLAND SOFTWARE, INC.

Principal Place of Business

**P O BOX 033396
INDIALANTIC FL 32903**

Mailing Address

**P O BOX 033396
INDIALANTIC FL 32903**



3. Date Incorporated or Qualified

12/19/1985

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2620360

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Subd. Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Subd. Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**WEEMHOFF, JAMES H.
86 HIGHLAND DR.
INDIALANTIC FL 32903**

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 607.0500 and 607.1500, 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

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WEEMHOFF, JAMES H.**
CITY-STATE-ZIP **86 HIGHLAND DR.**
INDIALANTIC FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. WEEMHOFF

4/2/96

CR2E034 (12/95)