## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90026 050 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K07107**

STREET ADDRESS

SKIP HIG									
	GHTMAN, P.A.		4			1			
	·								
Principal Place	e of Business	Ma	ailing Address			7 10 10 10 10 10 10 10 10 10 10 10 10 10			
12837 N MAIN ST 4605 BRENTWOOD AVE.									
JACKSONVILLE FL 32218  JACKSONVILLE FL 32206  US						DO NOT	WRITE IN THIS	SPACE	
US ,			••			3. Date Incorporated or Qua			
			٠			12/14/1987	-		
2. Principal P	Place of Business	2a.	Mailing Address	···		4. FEI Number		A	pplied For
21		26				59-2860366			ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 📋	•	Additional equired
City & Stat	te	211	City & State			6. Election Campaign Finan	cing	\$5.00	May Be
23		28	• ,			Trust Fund Contribution	~"" <b>9</b>		to Fees
Zip	Country		Zip	Country	,	8. This corporation owes the	current year Inte	angible	
24	25	29		30		Personal Property Tax.		☐Yes	□No
	9. Name and Address of	of Current Regis	tered Agent	-	1 N	10. Name and Address of N	lew Registered	Agent .	
HICL	ITMAN, P.C.	•	·	81	Name		÷		
	5 BRENTWOOD AVE.	·		82	Street A	Address (P.O. Box Number is Not Ad	cceptable)		
JACH	KSONVILLE FL 32206			83					
		*	,	84	City		FI	85 Zip	Code
11 Pursuant	to the provisions of Sections	607.0502 and 6	07.1508. Florida Statut	es, the abov	l e-named c	corporation submits this statement for	or the purpose of	changing its	s registered
office or r	r to the provisions of Sections registered agent, or both, in t am familiar with, and accept the	the State of Florid	da. Such change was a	uthorized by	the corpor	ration's board of directors. I hereby	accept the appoir	ntment as re	egistered
	atti (altilliai with, and accept d			rida Statutes	. '				
		ine obligations on	, Section 607.0505, Fid	rida Statutes	3.	e e		-	
SIGNATURE					100	quired when reinstating)	DATE		4
	Signature, typed or printed name of rec		if applicable. (NOTE	: Registered Age	100		DATE	D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of reg OFFIC	gistered agent and title	if applicable. (NOTE	13.	100	quired when reinstating)	DATE		4
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of reconstruction of PST HIGHTMAN, PHILIP C.	gistered agent and title CERS AND DIRE	if applicable. (NOTE	: Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature red	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of reconstruction of PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE	gistered agent and title CERS AND DIRE	if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature red	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of recognitive property of the property of th	gistered agent and title CERS AND DIRE	if applicable. (NOTE::CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature red	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL	gistered agent and title CERS AND DIRE	if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature red	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C.	gistered agent and title CERS AND DIRE	if applicable. (NOTE::CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature red	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE	gistered agent and title CERS AND DIRE	if applicable. (NOTE::CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C.	gistered agent and title CERS AND DIRE	if applicable. (NOTE::CTORS   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	quired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE	gistered agent and title CERS AND DIRE	If applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS	quired when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE	gistered agent and title CERS AND DIRE	If applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS	quired when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE	gistered agent and title CERS AND DIRE	If applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	quired when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE	gistered agent and title CERS AND DIRE	If applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	quired when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE	gistered agent and title CERS AND DIRE	If applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of reconstruction of FIC PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  NAME	Signature, typed or printed name of reconstruction of FIC PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE::CTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of reconstruction of FIC PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of reconstruction of FIC PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVE JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE::CTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE::CTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE::CTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE::CTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 5.5 NAME 5.6 STREE 5.6 CITY-S 6.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PST HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL D HIGHTMAN, PHILIP C. 4505 BRENTWOOD AVI JACKSONVILLE FL	gistered agent and title CERS AND DIRE	If applicable. (NOTE::CTORS   DELETE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

14. 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 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 if changed, or on an attachment with an order ess, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE