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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(0)

DON W. HIGHTOWER, INC.

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Principal Place of Business Mailing Address				( (E2)6111 Bit dibit 1844 till 1 hill albu digit sten sten sten sten sten					
2650 N.E. 25TH ST. LIGHTHOUSE POINT FL 33064			2650 N.E. 25TH ST. LIGHTHOUSE POINT FL 33064						
						3. Date Incorporated or Qualified 11/28/1988		e of Last R 01/24/1	
2. Principa! Pla	ice of Business	2a. Maling Ado	dress		. · · · · · · · · · · · · · · · · · · ·	4, FEI Number		<b>⊢</b> —∔	Applied For
21		26				65-0085452			Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & Stat	е			6. Election Campaign Financing			<b>0</b> May Be
23		28				Trust Fund Contribution			d to Fees
Zip Country		<u></u> 1	Zip Country			This corporation has liability for intangible tax under s 199.032, Fiorida Statutes			
24	25 g. Name and Address of Curre	29 ent Registered Agen	<u> 30 </u>	Т	·· <u>-</u>	10. Name and Address of New R		Agent	
	g. Name and Address of Con-	ent neglistered Ager		81	Name				
ысы	OWER, DON W			-		ress (P.O. Box Number is Not Acceptab	(o)		
	N.E. 25TH ST.			B2	Street Addi	ess (P.O. Box Number is Not Acceptate	_~		
LIGHT	HOUSE POINT FL 33064			83					
				84	City		FL	<b>85</b> Z	ip Code
44 Durament	to the provisions of Spetions 607.05	02 and 607 1508 Flo	rida Statutes, the ab	L L	anied corpo	ration submits this statement for the pu	roose of ch	nanging its	registered office
or register	ed abent, or both, in the State of Fig	orida. Such change wa	as authorized by the	corpo	ration's boa	rd of directors. Thereby accept the app	ointment a	s registere	d agent. Fam
familiar wi	th, and accept the obligations of, Se	otion 607.0505, Florid	ia Statutes.						
SIGNATURE:	Stynature, typed or printed harns of registered ag	ent and blick applicance	(NOTE Projetes	al Agent	signali re regim	id when renstating	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PSTD		DELETE 1.1	TITLE				Change	☐ Addition
NAME	HIGHTOWER, DON W		123	NAM:					
STREET ADDRESS	2650 N.E. 25TH ST.		1.3	STREET	ADDRESS				
CiTY+ST ZIP	LIGHTHOUSE POINT FL			CHY-SI	1 - 7 P				ES Addison
TITLE				TITLE				☐ Change	ne tibbA
NAME			L	NAME					
STREET ADDRESS	[				ADORESS				
CITY - S1 - ZIP				CITY - 5	T_2(F			Change	Addition
TITLE		П,		TITLE NAME					
NAME					ADDRESS				
STREET ADDRESS				CITY-S					
CITY ST ZIP				TITLE	1 - 21			☐ Change	Addit on
NAME		. ب		NAME					
STREET ADDRESS			i i		ADDRESS				
C-TY - ST Z-P				CHY-S					
TIFLE				TITLE				Change	Addit on
NAME		_	5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIF				CITY - S	f - Z)F				
TITLE			DELETE 6	1 TITLE				☐ Change	2 Addition

14. If do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 logal effect as if made under certify that I had 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 address

6.3 STREET ADDRESS

6.4 CITY - \$1 - Ziki

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR