

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K99994**

(1)

1. Corporation Name
HIGENE, INC.



Principal Place of Business

**754 NE 25TH AVENUE
400 CLEVELAND ST
OCALA FL 32670**

Mailing Address

**754 NE 25TH AVENUE
400 CLEVELAND ST
OCALA FL 34470-6318**

3. Date Incorporated or Qualified 07/05/1989	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business

21 754 NE 25TH AVENUE

Suite, Apt. #, etc.

22 Ocala, Florida 32670

City & State

23 Ocala, Florida

Zip

24 32670

Country

25 United States

2a. Mailing Address

26 754 NE 25TH AVENUE

Suite, Apt. #, etc.

27 Ocala, Florida

City & State

28 Ocala, Florida

Zip

29 32670

Country

30 United States

4. FEI Number

59-2958523

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

9. Name and Address of Current Registered Agent

**HIGHTOWER, R. NATHAN
400 CLEVELAND ST
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

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 607.0502 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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIGHTOWER, ROBERT F.	
STREET ADDRESS	754 NE 25TH AVENUE	
CITY - ST - ZIP	OCALA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALLS, JOHN L.	
STREET ADDRESS	754 NE 25TH AVENUE	
CITY - ST - ZIP	OCALA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CONGDON, EUGENE E.	
STREET ADDRESS	754 NE 25TH AVENUE	
CITY - ST - ZIP	OCALA FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIGHTOWER, R. NATHAN	
STREET ADDRESS	754 NE 25TH AVENUE	
CITY - ST - ZIP	OCALA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

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 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 address.

SIGNATURE: *R. Nathan Hightower* **R. NATHAN HIGHTOWER**

1/21/97 813-441-8966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)