

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90021 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K99994

1. Corporation Name

HIGENE, INC.



Principal Place of Business

754 N.E. 25TH AVENUE
400 CLEVELAND ST
OCALA FL 32670
US

Mailing Address

754 N.E. 25TH
400 CLEVELAND ST
OCALA FL 32670
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1989

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **754 N.E. 25TH AVENUE**

Suite, Apt. #, etc.

22

City & State

23 **OCALA, FLORIDA**

Zip

24 **34470**

Country

25 **U.S.A.**

2a. Mailing Address

26 **754 N.E. 25TH AVENUE**

Suite, Apt. #, etc.

27

City & State

28 **OCALA, FLORIDA**

Zip

29 **34470**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

HIGHTOWER, R. NATHAN
625 COURT ST
2ND FLOOR
CLEARWATER FL 33756

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 **R. NATHAN HIGHTOWER**

7/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HIGHTOWER, ROBERT F.**

STREET ADDRESS **754 NE 25TH AVENUE**

CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☐ DELETE

NAME **CONGDON, EUGENE E.**

STREET ADDRESS **754 NE 25TH AVENUE**

CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☐ DELETE

NAME **HIGHTOWER, R. NATHAN**

STREET ADDRESS **754 NE 25TH AVENUE**

CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 address.

SIGNATURE: **R. NATHAN HIGHTOWER** **7/13/99** **727-441-**

CR2E034 (5/99)

596402-90001-39
1K99994

MACFARLANE FERGUSON & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

900 HIGHPOINT CENTER
106 EAST COLLEGE AVENUE
TALLAHASSEE, FLORIDA 32301
(850) 681-7381 FAX (850) 681-0281

400 NORTH TAMPA STREET, SUITE 2300
P.O. BOX 1531 (ZIP 33601)
TAMPA, FLORIDA 33602
(813) 273-4200 FAX (813) 273-4396

625 COURT STREET
P.O. BOX 1669 (ZIP 33757)
CLEARWATER, FLORIDA 33756
(727) 441-8966 FAX (727) 442-8470

IN REPLY REFER TO

July 14, 1999

PO Box 1669
Clearwater, FL 33757

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: HiGene, Inc. 1999 Corporate Annual Report

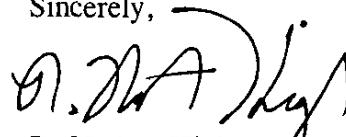
Dear Sirs:

This firm represents Higene, Inc. Higene received last week by mail its 1999 annual report package, marked "2nd notice" (the packet is enclosed). For some unknown reason, the address of the corporation, listed as: 754 N.E. 25th Avenue, 400 Cleveland St., Ocala, Florida 32670 is incorrect. The correct address is: 754 N.E. 25th Avenue, Ocala, Florida. The reference to "400 Cleveland St." appears to be a portion of an address used many years ago when the corporation was initially formed. Please note that the correct address is listed for the officers.

I have made the change on the enclosed report as to the principal place of business, correcting the incorrect address. I have also enclosed the filing fee of \$150.00, and would request that the Division waive the additional sum due to the extenuating circumstances set forth herein.

Your attention to this matter is appreciated.

Sincerely,


R. Nathan Hightower

RNH:kes
cc: Robert F. Hightower