

DOCUMENT # L11056

Entity Name

HIGHLANDER CORPORATION

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90176 041 ***150.00

Principal Place of Business

Mailing Address

460 WALKER STREET
 HOLLY HILL, FL 32117

4807 BAYSHORE BLVD.
 TAMPA, FL 33611

2. Principal Place of Business

8 TWELVE OAKS

3. Mailing Address

C/O CHOBEE EBBETS, ESQ.

Suite, Apt. #, etc.

210 BEACH ST., STE. 200

DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

59-3053712

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32114

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MELISSA CLARK DALEY, P.A.
 4807 BAYSHORE BLVD.
 TAMPA, FL 33611

7. Name and Address of New Registered Agent

Name

CHOBEE EBBETS, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

210 SOUTH BEACH ST., SUITE 200

City

DAYTONA BEACH

FL

Zip Code

32114

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

CHOBEE EBBETS, ESQUIRE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 15, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
 NAME JONES, JAN L.
 STREET ADDRESS 8 TWELVE OAKS
 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DST ☐ Delete
 NAME WILLIAM H. JONES, JR.
 STREET ADDRESS 8 TWELVE OAKS
 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. 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 report or supplemental 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 11, or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. JONES, JR.

Date

4/20/01

Daytime Phone #

CR2E034 (11/00)