FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L13803** **(6)**

1. Corporate Name
HIGHLANDS AIRCRAFT, INC.

Principal Place of Business
C/O JOHN C. UPDIKE, JR.
P O BOX 231
LAKE WALES FL 33859-7231

Mailing Address
C/O JOHN C. UPDIKE, JR.
P O BOX 231
LAKE WALES FL 33859-7231

2. Principal Place of Business
21
Street Address
22
City & State
23
City
24 33859-0231
Country
25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip
29 33859-0231
Country
30

3. Date Incorporated or Qualified: 09/01/1989
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2971192 — 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
UPDIKE, JOHN C., JR.
5937 HIGHWAY 60, EAST
LAKE WALES FL 33853

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 Section 607.0505 and 607.0506, 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. The corporation has authorized the officers and/or directors to execute this statement. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
D
UPDIKE, JOHN C., JR.
5937 HWY. 60, EAST
LAKE WALES FL
☐ DELETE
D
ALEXANDER, JOHN DAVID
204 N. SCENIC HWY.
FROSTPROOF FL
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and complete, and that I am not aware of any false information contained in or omitted from this report. I further certify that I am familiar with the provisions of Section 119.07(3)(k), Florida Statutes. I further certify that I am familiar with the provisions of Section 607.0505, Florida Statutes, and 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 above, or on an attachment with all other like empowered officers and directors, and that my name appears above, or on an attachment with all other like empowered officers and directors.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 1996
Date

(941) 696-1487
Daytime Phone

CR2E034 (12/95)