

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L49723** (4)
 1. Corporation Name:
HIGHWAY CONTRACTING, INC.



Principal Place of Business: **114 S. PINELLAS AVE TARPON SPRINGS FL 34689**
 Mailing Address: **PO BOX 808 TARPON SPRINGS FL 34688-0808**

3. Date Incorporated or Qualified: **02/14/1990** 3a. Date of Last Report: **03/19/1996**

2. Principal Place of Business: 21. State, Apt. #, etc.: 2a. Mailing Address: 26. Suite, Apt. #, etc.:

4. FEI Number: **59-3118238** Applied For: Not Applicable

22. City & State: 27. City & State:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: Country: 28. Zip: Country:

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. 25. 29. 30.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

DRIS, MICHAEL E ESO
114 S. PIELLAS AVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable):
 83. 84. City: 85. Zip Code: **FL**

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

Register, board or postal name, changed and agent and if all applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|--------------------------------|--|
| TITLE | DO | <input type="checkbox"/> DELETE |
| NAME | PARIANOS, IRINI | |
| STREET ADDRESS | 1337 HILLSIDE DR. | |
| CITY - ST - ZIP | TARPON SPRINGS FL 34689 | |
| TITLE | DO | <input checked="" type="checkbox"/> DELETE |
| NAME | DRIS, MICHAEL | |
| STREET ADDRESS | 3396 PINNACLE COURT S. | |
| CITY - ST - ZIP | PALM HARBOR FL 34684 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|--|
| 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 checked="" type="checkbox"/> Addition |
| 2.2 NAME | P/D |
| 2.3 STREET ADDRESS | Kourkoutis, Strato |
| 2.4 CITY - ST - ZIP | 1338 Riverside Drive Tarpon Springs, FL 34689 |
| 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: _____
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary **3/14/97**
 Date Daytime Phone #

CP2E034 (9/96)