

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L82905

FILED
Oct 26, 2008
Secretary of State

Entity Name: R. J. HIGBEE INCORPORATED

Current Principal Place of Business:

3189 PIONEER RD.
VERNON, FL 32462 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 838
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 59-3034823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ARVIN C
3189 PIONEER ROAD
VERNON, FL 32462 US

Name and Address of New Registered Agent:

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: ARVIN C. MOORE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOORE, ARVIN C
Address: 3189 PIONEER ROAD
City-St-Zip: VERNON, FL 32462

Title: DVP () Delete
Name: MOORE, ALAN H
Address: 915 DELAWARE AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD () Delete
Name: MOORE, SUZANNE
Address: 919 DELAWARE AVE.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MOORE, SUZANNE
Address: 915 DELAWARE AVE.
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVIN C. MOORE

Electronic Signature of Signing Officer or Director

PD

10/26/2008

Date