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

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL -8 AMII: 08 DOCUMENT # M93904 SECRETARY OF STATE 46 HIGHWAY INVESTMENTS, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 103 COMMERCE STREET P.O. BOX 151509 SUITE 100 ALTAMONTE SPRINGS FL 32715-1509 LAKE MARY FL 32748 3. Date Incorporated or Qualified 3a. Date of Last Report 08/11/1988 07/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3454363 21 26 APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🗌 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MOREIRA, STEVE W. 103 COMMERCE STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 100** 83 LAKE MARY FL 32746 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 400002236504 TITLE DELETE 1.1 1016 Addition NAME MOREIRA, STEVE W 1.2 NAME -07/11/97--01115--009 STREET ADDRESS 103 COMMERCE STREET, SUITE 100 1.3 STREET ADDRESS \*\*\*\*173.75 \*\*\*\*173.75 LAKE MARY FL 32715 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition DAVASTO, PAT NAME 22 NAME **621 PRAIRIE LAKE DR** STREET ADDRESS 23 STREET ADDRESS FERN PARK FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition LAWLOR, SCOTT NAME 3.2 NAME 5388 ORANGE BLVD. STREET ADDRESS 3.3 STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 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, Liefther 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 eath; 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

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