

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M95219

1. Corporation Name

HIGHTOWER GEOTECHNICAL SERVICES, INC.

Principal Place of Business
**1018 N 24TH ST
JACKSONVILLE BEACH FL 32250**

Mailing Address
**1018 N 24TH ST
JACKSONVILLE BEACH FL 32250**

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90236 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1988

4. FEI Number

59-1921230

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 315 Mealy Dr.

2a. Mailing Address

26 10617 Quail Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Atlantic Beach, FL

City & State

28 St. Augustine, FL

Zip

24 32233

Country

25 USA

Zip

29 32095

Country

30 USA

9. Name and Address of Current Registered Agent

**HIGHTOWER, SUSAN B.
1018 N 24TH ST
JACKSONVILLE BEACH FL 32250**

Susan B. Hightower

10. Name and Address of New Registered Agent

81 Name

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

10617 Quail Ridge Dr.

83

84 City

St. Augustine

FL

85 Zip Code

32095

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 *Susan B. Hightower*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-99

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HIGHTOWER, SUSAN B.**

STREET ADDRESS **1018 N 24TH ST**

CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE **D** ☐ DELETE

NAME **HIGHTOWER, RICHARD A.**

STREET ADDRESS **1018 N 24TH ST**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **GAMMIE, ROBERT D.**

STREET ADDRESS **354 MAGNOLIA ST.**

CITY-ST-ZIP **ATLANTIC BCH FL**

TITLE **D** ☐ DELETE

NAME **HIGHTOWER, JOHN A.**

STREET ADDRESS **1873 EVANS DR. S.**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **HIGHTOWER, SUSAN B.**

1.3 STREET ADDRESS **10617 Quail Ridge Dr**

1.4 CITY-ST-ZIP **St. Augustine, FL**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **HIGHTOWER, RICHARD A**

2.3 STREET ADDRESS **10617 Quail Ridge Dr**

2.4 CITY-ST-ZIP **St. Augustine, FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

John A. Hightower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99

Date

904-246-9844

Daytime Phone #

CR2E034 (11/98)