

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:36

DOCUMENT # M95855 (6)

1. Corporation Name

HIGHLANDS RIDGE ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% JOHN S. INGLIS % JOHN S. INGLIS
101 EAST KENNEDY BOULEVARD, SUITE 2500 101 EAST KENNEDY BOULEVARD, SUITE 2500
TAMPA FL 33602 TAMPA FL 33602

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

08/24/1988

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0072028

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

10. Name and Address of New Registered Agent

INGLIS, JOHN S.
SHUMAKER LOOP & KENDRICK
101 EAST KENNEDY BOULEVARD, SUITE 2500
TAMPA FL 33602

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	JUVE, JOHN B.
STREET ADDRESS	2801 CLUBHOUSE BLVD.
CITY-ST-ZIP	AVON PARK FL
TITLE	DAS
NAME	KOPTIS, WILLIAM H.
STREET ADDRESS	1150 TOP O' THE HILL
CITY-ST-ZIP	AKRON OH
TITLE	D
NAME	JUVE, RICHARD H.
STREET ADDRESS	755 RIDGECREST RD.
CITY-ST-ZIP	AKRON OH
TITLE	DIRECTOR
NAME	JACOBS, RICHARD E.
STREET ADDRESS	25425 CENTER RIDGE ROAD
CITY-ST-ZIP	CLEVELAND, OHIO 44145
TITLE	VP
NAME	ALAN C. COVEY
STREET ADDRESS	2801 CLUBHOUSE BLVD.
CITY-ST-ZIP	AVON PARK, FLORIDA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. JUVE, PRESIDENT

1-18-95

813/471-1171

Date

Telephone #