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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M95855** **(6)**

1. Corporation Name
HIGHLANDS RIDGE ASSOCIATES, INC.

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

2. Principal Place of Business	2a. Mailing Address
21 c/o John S. Inglis	26 c/o John S. Inglis
Suite, Apt. #, etc. 22 101 E. Kennedy Blvd. #2800	Suite, Apt. #, etc. 27 101 E. Kennedy Blvd. #2800
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip 24 33602 Country 25 USA	Zip 29 33602 Country 30 USA

3. Date Incorporated or Qualified: 08/24/1988
3a. Date of Last Report: 01/30/1995
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: John S. Inglis 82 Street Address (P.O. Box Number is Not Acceptable): Shumaker, Loop & Kendrick 83 101 E. Kennedy Blvd., Suite 2800 84 City: Tampa FL 85 Zip Code: 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when box checked.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS JUVE, JOHN B. 2801 CLUBHOUSE BLVD. AVON PARK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/S/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS KOPTIS, WILLIAM H. 1150 TOP O' THE HILL AKRON OH	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	AS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~JUVE, RICHARD H.~~ ~~755 RIDGECREST RD.~~ ~~AKRON OH~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Jacobs, Richard E. 25425 Center Ridge Road Cleveland, Ohio 44145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(3)(k), 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: _____ 5/29/96 941/471-1171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John B. Juve, President