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

PROFIT

**SIGNATURE** 

May 13 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** M97759 (8)HI-ACRES LAND, INC. Principal Place of Business Mailing Address 22051 N. O'BRIAN ROAD P.O. BOX 547853 HOWEY-IN-THE-HILLS FL 34737 ORLANDO FL 32854-7853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2925996 21 26 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 Trust Fund Contribution 23 Added to Fees 28 Žŧρ Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes ☐ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRADSHAW, C.E. JR. 1216 NORTH PARK AVE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 City 84 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, typod or printed name of registers diagent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change BRADSHAW, CHARLES E. JR NAME 1.2 NAME P.O. BOX 3508 NA STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition SUGGS, JEAN S. 2.2 NAME 26603 W. COVE DR. STREET ADDRESS 2 3 STREET ADDRESS TAVARES FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change HIGHTOWER, L CLEVELAND NAME 32 NAME **1814 GERDA TERRACE** STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITI F 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP in 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 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 on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment of the receiver of the receiv 14. I hereby certify that the information indicated on this annual report of of supplemental annual regalion or the receiver or the discountry of the receiver or the discountry of the contract of the con Jean S Sugas

FLORIDA DEPARTMENT OF STATE

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