

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N05841 (4)**

1. Corporation Name

**HIGHLANDS COUNTY VOITURE 863 40/8, INC.**



Principal Place of Business

Mailing Address

501 NO. MAIN ST.  
P. O. BOX 721  
LAKE PLACID FL 33852

501 NO. MAIN ST.  
P. O. BOX 721  
LAKE PLACID FL 33852

3. Date Incorporated or Qualified **10/25/1984** 3a. Date of Last Report **11/17/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-6150015		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIONNE, EDWARD J.  
501 NO. MAIN ST.  
LAKE PLACID FL 33852

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RODGERS, GARY	1.2 NAME	Rodgers, Gary
STREET ADDRESS	300 LAKE JUNE DRIVE	1.3 STREET ADDRESS	300 LAKE JUNE DR.
CITY-ST-ZIP	LAKELAND FL 33852	1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VD	2.1 TITLE	VD
NAME	MACCULEY, ROBERT A	2.2 NAME	MACCULEY, Robert A.
STREET ADDRESS	35 LIA NE ROAD, WEST	2.3 STREET ADDRESS	35 LIA NE ROAD, WEST
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	SD	3.1 TITLE	SD
NAME	ROSE, EDWARD L	3.2 NAME	OCIN, Ted J.
STREET ADDRESS	342 E. ROYAL PALM AVE.	3.3 STREET ADDRESS	35 MIAMI DR.
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	TD	4.1 TITLE	TD
NAME	BAUCOM, JONATHAN D SR.	4.2 NAME	BAUCOM, Jonathan D, SR.
STREET ADDRESS	314 KITA AVE.	4.3 STREET ADDRESS	314 KITA AV.
CITY-ST-ZIP	SEBRING FL 33872	4.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jonathan D. Baucum Sr.*

1-26-96 385-7854

CR2E037 (12/95)