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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33852-9521



3. Date Incorporated or Qualified
10/25/1984

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number
59-6150015

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

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, typed 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 ☒ DELETE
NAME RODGERS, GARY
STREET ADDRESS 300 LAKE JUNE DRIVE
CITY-ST-ZIP LAKE PLACID FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MACCULEY, ROBERT A
STREET ADDRESS 35 LIA NE ROAD, WEST
CITY-ST-ZIP LAKE PLACID FL 33852

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD MAC AULEY, ROBERT H.
2.3 STREET ADDRESS 35 LIANE RD, W
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME OLIN, TED J.
STREET ADDRESS 35 MIAMI DR
CITY-ST-ZIP LAKE PLACID FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD
3.3 STREET ADDRESS DIONNE, EDWARD J.
3.4 CITY-ST-ZIP 501 N. MAIN ST
LAKE PLACID, FL 33852

TITLE TD ☒ DELETE
NAME BAUCOM, JONATHAN D SR.
STREET ADDRESS 314 KITA AVE.
CITY-ST-ZIP SEBRING FL 33872

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME TD
4.3 STREET ADDRESS SMITH, GEORGE
4.4 CITY-ST-ZIP 3116 DEVON CT
SEBRING FL 33870

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, 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

Date

Daytime Phone #

CR2E037 (9/96)