

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 FEB 27 PM 3:20

DOCUMENT # **N09467** (4)
1. Corporation Name
PEACE OF HIGHLANDS COUNTY, INC.

Principal Place of Business Mailing Address
121 NE LAKEVIEW DR
STE - 7C
SEBRING FL 33870
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/28/1985** 3a. Date of Last Report **05/19/1994**
4. FEI Number **59-2552711** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYNDS, MURRAY D.
489 NE LAKEVIEW DR.
APT. #803
SEBRING FL 33870

ADDRESS CHANGE

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
131 NE LAKEVIEW DR
83 **APT 7C**
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 acceptable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIDDLEKAUFF, JOHN C.
STREET ADDRESS	1408 N.W. CES-OWEE AVE.
CITY - ST - ZIP	SEBRING FL
TITLE	VO
NAME	TAYLOR, J. CLAGETT, JR.
STREET ADDRESS	1617 NE LAKEVIEW DR.
CITY - ST - ZIP	SEBRING FL
TITLE	SD
NAME	MOLL, WILLIAM C
STREET ADDRESS	1805 BEACH DR
CITY - ST - ZIP	SEBRING FL
TITLE	TD
NAME	LYNDS, MURRAY D.
STREET ADDRESS	121 NE LAKEVIEW DR / STE - 7C
CITY - ST - ZIP	SEBRING FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	245 OAK AVE., APT 617
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	SD
33 STREET ADDRESS	DAVID L. BOLLINGER
34 CITY - ST - ZIP	1331 FERNVALE AVE
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 on an attachment with an address.

SIGNATURE: **Murray D. Lynds**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURRAY D. LYNDS, TREASURER