FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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	121 NE LAKEVIEW DR STE - 7C SEBRING FL 33870 US

3. Date Incorporated or Qualified: 05/28/1985
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business
21 700 South Pine St.
22 Suite, Apt. #, etc.
23 City & State: Sebring, FL.
24 Zip: 33872 25 Country: USA

2a. Mailing Address
26 700 South Pine St.
27 Suite, Apt. #, etc.
28 City & State: Sebring, FL
29 Zip: 33872 30 Country: USA

4. FEI Number: 59-2552711 ☐ 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

~~LYNDS, MURRAY D.~~
~~121 NE LAKEVIEW DR~~
~~APT 7C~~
~~SEBRING FL 33870~~

10. Name and Address of New Registered Agent

81 Name: Roma Agee.
82 Street Address (P.O. Box Number is Not Acceptable): 2148 Banyan Way
83
84 City: Sebring FL 85 Zip Code: 33872

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: Roma E. Agee — 2-15-1996
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIDDLEKAUFF, JOHN C. 245 OAK AVE., APT 617 SEBRING FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Roma Agee. 2148 Banyan Way Sebring, FL. 33872	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, J. CLAGETT,JR. 1617 NE LAKEVIEW DR. SEBRING FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOLLINGER, DAVID L 1331 FERNVALE AVE SEBRING FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~LYNDS, MURRAY D.~~ ~~121 NE LAKEVIEW DR / STE - 7C~~ ~~SEBRING FL~~	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TD Middlekauf, John C 245 Oak Ave. Apt 617 Sebring, FL. 33870	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Middlekauff — John Middlekauff — 2/15/96 — (941) 385-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #