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

APPROVED AND FILED

DOCUMENT # **N40143** **(2)**

1. Corporation Name

HIGH DESTINY, INC.

Principal Place of Business	Mailing Address
P O BOX 3060 OKEECHOBEE FL 34974-0060	P O BOX 3060 OKEECHOBEE FL 34974-0060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1990**
3a. Date of Last Report: **05/23/1994**
4. FEI Number: **59-3057927** — Applied For / Not Applicable

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

ERICKSON, DALE E.
~~US 441 (CONNORS HIGHWAY)~~
~~1-1/2 MILES NORTH OF BRIDGE~~
CANAL POINT FL ~~33476~~.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 13538 Conners Hwy
84 City Canal Point FL 85 Zip Code 33438

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 Dale Erickson [signature] 01-31-95
Signature, typed or printed name of registered agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERLEE, FRED O.
STREET ADDRESS	267 NEEHAN AVE.,NW
CITY ST ZIP	PALM BAY FL
TITLE	VD
NAME	MILLER, GIRARD C. II
STREET ADDRESS	US 441 (CONNORS HWY)
CITY ST ZIP	CANAL POINT FL
TITLE	STD
NAME	ERICKSON, DALE E.
STREET ADDRESS	~~US 441 (CONNORS HWY)~~
CITY ST ZIP	CANAL POINT FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	13538 Conners Hwy	
3.4 CITY ST ZIP	33438	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 01-31-95 Date — 407/924-7714 Daytime Phone #

0070143