

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90013 004 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43865** ✓

1. Corporation Name

**THE CONVENTION AND VISITOR BUREAU OF HIGHLANDS C  
OUNTY, INC.**

Principal Place of Business

Mailing Address

309 SOUTH CIR  
SEBRING FL 33870

P.O. BOX 2001  
SEBRING FL 33871



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 309 South Circle		26 P.O. Box 2001		06/12/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3094652	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Sebring FL		28 Sebring FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33870		29 33871-2001		30 33871-2001	
Country		Country			
25 Highlands		29 Highlands		30 Highlands	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISH, ALLON R  
309 SOUTH CIRCLE  
SEBRING FL 33870

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 **Allon R. Fish - Secretary**

July 12, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	LOWMAN, JOEL	1.2 NAME	Lowman, Joel
STREET ADDRESS	10 E. INTERLAKE BLVD.	1.3 STREET ADDRESS	18 North Oak Street
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	VTD	2.1 TITLE	TD
NAME	GREENSLADE, DAVID	2.2 NAME	David Greenslade
STREET ADDRESS	28 E. MAIN STREET	2.3 STREET ADDRESS	28 East Main Street
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	SD	3.1 TITLE	PD
NAME	FISH, ALLON	3.2 NAME	Amber Joyce
STREET ADDRESS	309 SOUTH CIRCLE	3.3 STREET ADDRESS	901 U.S. Hwy 27 North Ste 68
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	D	4.1 TITLE	VD
NAME	STEWART, MARK	4.2 NAME	Tim Raible
STREET ADDRESS	836 S.E. LAKEVIEW DRIVE	4.3 STREET ADDRESS	6525 U.S. Hwy 27 North
CITY-ST-ZIP	SEBRING FL 33870	4.4 CITY-ST-ZIP	Sebring FL 33870
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 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, with all other like empowered.

SIGNATURE:

*Signature of Allon R. Fish*

7/12/99

Date

941-385-8448

Daytime Phone #

CR2E037 (5/99)