

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90013 007 ***150.00

DOCUMENT # P14852

1. Corporation Name
HIGHBEACH, INC.

Principal Place of Business

115 FRANLIN ST
BANGOR ME 04402-0702
US

Mailing Address

1000 MARKET ST
BLDG 1
PORTSMOUTH NH 03801
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/16/1987

4. FEI Number

01-0428078

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 owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WALSH, MICHAEL P.
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

TITLE S ☐ DELETE

NAME NEEDHAM, THOMAS E..
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD ☐ DELETE

NAME WALSH, MARK T.
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ DELETE

NAME WALSH, WILLIAM J.
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME WALSH, THOMAS T.
STREET ADDRESS 1100 LINTON BLVD STE C9
CITY-ST-ZIP DELRAY BEACH FL

TITLE V ☐ DELETE

NAME LANIGAN, SUZANNE
STREET ADDRESS 1000 MARKET ST BLDG 1
CITY-ST-ZIP PORTSMOUTH NH 03801

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

3.4 CITY-ST-ZIP

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 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 607, 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:

Michael Walsh
Michael Walsh, Director

4/10/99

603 559 2100

Date

Daytime Phone #

CR2E034 (11/98)

0544477