

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:17

DOCUMENT # **P93000036515 (3)**

1. Corporation Name
HIGHLANDS OIL CO., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**215 E. MAIN ST.
BARTOW FL 33830** **215 E. MAIN ST.
BARTOW FL 33830**

3. Date Incorporated or Qualified **05/17/1993** 3a. Date of Last Report **06/07/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-3184861** Applied for Not Applicable

22 State, Apt. #, etc. 27 State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fee**

24 Zip Country 25 Country 29 Zip Country 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DOSTER, WILLIAM R
3535 CRESTWOOD ST
LAKELAND FL 33803**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DOSTER, WILLIAM R 3535 CRESTWOOD ST LAKELAND FL 33803	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	VP KENNETH EASON ALLEN, JR 3447 REDWOOD WAY LAKE WALES FL 33853	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	VPT KELLY YVONNE ALLEN, 467 DAISY WAY WINTER HAVEN FL 33884	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE	VPS CINDY ALLEN HARTSFIE, 210 E. NORTH ST. LAKE WALES FL 33853	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE	VP TISA LYNN QUEEN, 3695 G SAVOY LANE WEST PALM BEACH FL 33417	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Rule 19.03(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of a change or on an attachment with an address.

SIGNATURE: *William R Doster*
WILLIAM R DOSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 Date 813-533-7554 (Telephone No.)