

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000036515 (3)

1. Corporation Name  
HIGHLANDS OIL CO., INC.



Principal Place of Business

215 E. MAIN ST.  
BARTOW FL 33830

Mailing Address

215 E. MAIN ST.  
BARTOW FL 33830

3. Date Incorporated or Qualified  
05/17/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3184861

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

DOSTER, WILLIAM R  
3535 CRESTWOOD ST  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

215 E MAIN ST

83

84 City BARTOW

FL

85

Zip Code 33830

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DOSTER, WILLIAM R  
STREET ADDRESS 3535 CRESTWOOD ST  
CITY-ST-ZIP LAKELAND FL 33803

TITLE VP ☐ DELETE

NAME KENNETH EASON ALLEN, JR  
STREET ADDRESS 3447 REDWOOD WAY  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VPT ☐ DELETE

NAME KELLY YVONNE ALLEN,  
STREET ADDRESS 467 DAISY WAY  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VPS ☐ DELETE

NAME CINDY ALLEN HARTSFIE,  
STREET ADDRESS 210 E. NORTH ST.  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE VP ☐ DELETE

NAME TISA LYNN QUEEN,  
STREET ADDRESS 3695 G SAVOY LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ DELETE

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

215 E MAIN ST  
BARTOW, FL 33830

1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)