

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
4. FEI Number 59-3184861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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: *Will Roster* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME DOSTER, WILLIAM R	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3535 CRESTWOOD ST	CITY-ST-ZIP LAKELAND FL 33803	1.2 NAME	
TITLE VP	NAME KENNETH EASON ALLEN, JR	1.3 STREET ADDRESS 215 E MAIN ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3447 REDWOOD WAY	CITY-ST-ZIP LAKE WALES FL 33853	1.4 CITY-ST-ZIP BARTOW, FL 33830	
TITLE VPT	NAME KELLY YVONNE ALLEN,	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 467 DAISY WAY	CITY-ST-ZIP WINTER HAVEN FL 33884	2.2 NAME	
TITLE VPS	NAME CINDY ALLEN HARTSFIE,	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 210 E. NORTH ST.	CITY-ST-ZIP LAKE WALES FL 33853	2.4 CITY-ST-ZIP	
TITLE VP	NAME TISA LYNN QUEEN,	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3695 G SAVOY LANE	CITY-ST-ZIP WEST PALM BEACH FL 33417	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS KELLY YVONNE TINGLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	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: *Will Roster* DATE: **5-1-96** DAYTIME PHONE #: **941-533-4236**

CR2E034 (12/95)