

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000036515 (3)
 1. Corporation Name
HIGHLANDS OIL CO., INC.

Principal Place of Business 104 W CENTRAL AVE LAKE WALES FL 33853 US	Mailing Address 104 W CENTRAL AVE LAKE WALES FL 33853 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1130 N Scenic Hwy. Suite, Apt. #, etc.	2a. Mailing Address 26 1130 N. Scenic Hwy. Suite, Apt. #, etc.
22 City & State 23 Lake Wales Fla. Zip Country 24 33853 USA	27 City & State 28 Lake Wales Fla. Zip Country 29 33853 USA

3. Date Incorporated or Qualified 05/17/1993	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ALLEN JR, KEN E
104 W CENTRAL AVE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	KENNETH EASON ALLEN, JR	
STREET ADDRESS	3447 REDWOOD WAY	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	TINGLE, KELLY Y.	
STREET ADDRESS	487 DAISY WAY	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HARTSFIELD, CINDY ALLEN	
STREET ADDRESS	2410 FOXRUN DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TISA LYNN QUEEN,	
STREET ADDRESS	3695 G SAVOY LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tingle, Kelly Y
2.3 STREET ADDRESS	1620 N Crooked Lake Dr
2.4 CITY-ST-ZIP	Babson Park Fla. 33827
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	19487 Yacht Harbour Dr.
4.4 CITY-ST-ZIP	Tequesta Fla. 33469
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: K E Allen Ken E Allen Jr, 4/16/98 94-676-4516

CR2E034 (10/97)