


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

FILED

Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morthap Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000043053					
1. Corporation Name Highway Investments Inc.					
Principal Place of Business 2206 Woodland Ave. Augusta, GA 30904			Mailing Address 2206 Woodland Ave. Augusta, GA 30904		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6/30/93	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 5/1/96	
22 City & State		27 City & State		4. FCI Number 59-0155620	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				81 Name Marion J. Pryor	
				82 Street Address (P.O. Box Number is Not Acceptable) 142 E. Granada Blvd., Ste. 208	
				83	
				84 City Ormond Beach	
				85 Zip Code FL 32176	
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 Marion J. Pryor, CPA <i>Marion Pryor</i> 6-2-97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME President, Treas, Secretary					
STREET ADDRESS Paul E. Bennett					
CITY-ST-ZIP 2206 Woodland Ave.					
CITY-ST-ZIP Augusta, GA 30904 <input type="checkbox"/> DELETE					
2.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
NAME Vice President					
STREET ADDRESS Paul M. Bennett					
CITY-ST-ZIP P.O. Box 676					
CITY-ST-ZIP Hephzibah, GA 30815 <input type="checkbox"/> DELETE					
4.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
6.1 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 type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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 type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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 do 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: <i>Paul E. Bennett</i> Paul E. Bennett 6/4/97					

CR2E034 (9/96)