FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:00

DOCUMENT # **P93000047870 (9)**

1. Corporation Name
HIGHWAY 17 INCORPORATED

Principal Place of Business	Mailing Address
[redacted]	[redacted]
Albritton Road	P.O. Box 256
Alturas, Florida 33820	Alturas, Florida 33820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 #3 Albritton Road	26 P.O. Box 256
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Alturas, FL 33820	City & State 28 Alturas, FL
Zip 24 33820 Country 25 Polk	Zip 29 33820 Country 30 Polk

4. FEI Number: 59-3191881 ☐ 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	10. Name and Address of New Registered Agent
WILSON, DONALD H JR. 150 E. DAVIDSON ST. BARTOW FL 33830	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ALBRITTON, DALE E P.O. BOX 256 N/A ALTURAS FL 33820	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ALBRITTON, NICHOLAS F P.O. BOX 256 N/A ALTURAS FL 33820	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	S/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	P A.E. Holland, Jr. 595 S. Jackson Ave. Bartow, Florida 33830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	D Isaac F. Albritton, Trustee 3030 Mission Oaks Tr. Bartow, Florida 33830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	REMITTED BY MAY 1	☐ Change ☐ Addition

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)(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: Donald H Wilson 04/27/95 (813) 537-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0316411 CP