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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOGOOODEG782 (E) DOCUMENT #

Corporation Name	1 90000000700	(5)
HIGHSIDE INVESTM	FNTS, INC.	

Maling Address Principal Place of Business 5750 MAJOR BLVD. 5750 MAJOR BLVD. SUITE 300 SHITE 300 ORLANDO FL 32819 ORLANDO FL 32819 3a. Date of Last Report 3. Date Incorporated or Qualified 04/17/1995 08/02/1993 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3193903 Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired W Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Ζıp Ζip Country Yes Mo Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) RAX CO 82 50 N LAURA ST. STE 3400 83 JACKSONVILLE FL 32202 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607,1506, Florida Statutes, the above named corporation submits this statument 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: Brigistered Agent suprature, required when recritating) Signature, typed or present hadde of registerest agent and title of application (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change Addition 1.1 DE:E TITLE CR2E034 1.2 NAME POITRAS, EDWARD W NAME 1.3 STREET ADDRESS 50 N LAURA ST, STE 3400 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - \$1 - ZIP C+TY-ST-ZIP Change Add tion DELETE 2 1 THEF TITLE 2.2 NAME NAME POITRAS, KAY G 2.3 STREET ADDRESS STREET ADDRESS 50 N LAURA ST, STE 3400 CITY - ST - ZIP JACKSONVILLE FL 2.4 Clf r - S1 - 789 Change Addition DELETE 3 1 THUE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 0115 - S1 - ZIF CiTY-ST-Z:P ■ Addition ☐ Change DELETE 4 1 1:11.6 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition C DELETE 5.1 fill(E) TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Add:tion TTI DELETE 6.1 IIILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - 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 supplied vitch this litting 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 do not the corporation or the record 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 of the internal process.

SIGNATURE:

ING OFFICER OR DIRECTOR

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