

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 29 AM 8:21

**DOCUMENT # P94000039549 (8)**

1. Corporation Name

**HIGHWAY & HEAVY CONSULTANTS, INC.**

Principal Place of Business

994 SEQUOIA COURT  
WINTER SPRINGS FL 32708

Mailing Address

994 SEQUOIA COURT  
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/20/1994**

3a. Date of Last Report  
**1ST FILING**

2. Principal Place of Business

21 **LEESBURG FL.**

2a. Mailing Address

26 **1313 MAUGANS AVE**

4. FEI Number

**59-3247978**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **1313 MAUGANS AVE**

Suite, Apt. #, etc.

27 **LEESBURG FL**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **LEESBURG FL.**

City & State

28 **LEESBURG FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **34748**

Country

25 **USA**

Zip

29 **34748**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK ESQ.  
200 N. THORNTON AVENUE  
ORLANDO FL 32801-2164

10. Name and Address of New Registered Agent

81 Name

**SAME**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>KELLEY, PETER G</b>
STREET ADDRESS	<b>994 SEQUOIA COURT</b>
CITY - ST - ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	<b>D PRESIDENT</b>
NAME	<b>KELLEY, MARY S</b>
STREET ADDRESS	<b>994 SEQUOIA COURT</b>
CITY - ST - ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	<b>TREASURER</b>
NAME	<b>KAREN SUE KELLEY</b>
STREET ADDRESS	<b>13821 FLETCHER MILL DR</b>
CITY - ST - ZIP	<b>TAMPA FL 33613</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PETER G. KELLEY</b>	
1.3 STREET ADDRESS	<b>1313 MAUGANS AVE</b>	
1.4 CITY - ST - ZIP	<b>LEESBURG FL 34748</b>	
2.1 TITLE	<b>PRESIDENT - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KELLEY, MARY SUE</b>	
2.3 STREET ADDRESS	<b>1313 MAUGANS AVE</b>	
2.4 CITY - ST - ZIP	<b>LEESBURG FL 34748</b>	
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 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: **MARY SUE KELLEY** *Mary Sue Kelley*

**JUNE 12 1995 904 326-2128**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (City/State)

CR2E034 (3/95)