

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039549 (8)

1. Corporation Name

HIGHWAY & HEAVY CONSULTANTS, INC.



Principal Place of Business

Mailing Address

**1313 MANGANS AVENUE
LEESBURG FL 34748
US**

**1313 MAUGANS AVENUE
LEESBURG FL 34748
US**

3. Date Incorporated or Qualified
05/20/1994

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 **1313 MAUGANS AVE**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **LEESBURG FLA**

28 Zip

24 **34748**

25 **LAKE**

29 Zip

30 Country

4. FEI Number

59-3247978

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

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

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

Signature taken in presence of my notary public. (For tax use)

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KELLEY, PETER G | |
| STREET ADDRESS | 1313 MAUGANS AVENUE | |
| CITY, ST, ZIP | LEESBURG FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KELLEY, MARY S | |
| STREET ADDRESS | 1313 MAUGANS AVENUE | |
| CITY, ST, ZIP | LEESBURG FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | KELLEY, KAREN S. | |
| STREET ADDRESS | 13821 FLETCHER MILL DRIVE | |
| CITY, ST, ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

| | |
|--------------------|---|
| 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 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 Ann Kelley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22, 1996 904 326-2178
DATE City/State Phone #

CR2E034 (12/95)