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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000039549

HIGHWAY & HEAVY CONSULTANTS, INC.

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90017 039 ***150.00



	of Business	Mailing Address				······································		
16 WESTON RD		16 WESTON RD			•			
LEESBURG FL		LEESBURG FL 34748			DO NOT WRITE IN T	LIC CDACE		
US US		US			DO NOT WRITE IN THIS SPACE			
•					3. Date Incorporated or Qualifed			
					05/20/1994			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	 ' ' '	lied For	80000
21		26			59-3247978		Applicable	3
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ad Fee Red		1
22		27						
City & State	•	City & State			6. Election Campaign Financing	\$5.00 #	- 1	
23		28			Trust Fund Contribution	Added to	rees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.		□No -	
	9. Name and Address of Current	Registered Agent		r · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registe	red Agent		
			1	31 Name	H/A			
PHIL	LIPS, R. PATRICK ESQ.		h	32 Street Addr	ess (P.O. Box Number is Not Acceptable)			
200	N. THORNTON AVENUE	15		233.,30.	the state of the s		(21) 24: (54)	
ORL	ANDO FL 32801-2164		Ī	B3				
			1			85 Zip C	ode all 1321	
			[*	84 City		FL 👸 🕍 🧻		
44 900000000	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	es, the ab	ove-named corp	poration submits this statement for the purposen's board of directors. I hereby accept the a	e of changing its	registered	
					on's board of directors. I hereby accept the a	ppointment as reg	istered	
⊟§ agent. Ia⊪	n familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statu	es.				
SIGNATURE	PHILLIPS, R. PA.	THICK	Penistered A	gent signature require	Id when reinstating) DAT	<i>[]] []</i>		2
	Signature, typed or printed name of registered agent OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	õ
12.		DELETÉ	1.1 TITL	E	(*) Na	☐ Change	Addition	- 5
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CITY-ST-ZIP	LEEGHING ET		4 4 00					ζ
	LEESBURG FL		1.4 CIT			☐ Change	☐ Addition	
TITLE	PD	☐ DELETE	2.1 TITI	E		☐ Change	Addition	
TITLE NAME	PD KELLEY, MARY S	☐ DELETE	2.1 TITL 2.2 NAM	E AE		☐ Change	Addition	
}	PD	☐ DELETE	2.1 TITL 2.2 NAM	E		☐ Change	☐ Addition	
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14. I 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, with all other like empowered.

SIGNATURE: