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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **P94000077842 (0)**1. Corporation Name

HIGHLAND CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address 400 SOUTH FEDERAL HWY. 400 SOUTH FEDERAL HWY. STUART FL 34994 STUART FL 34994 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1994 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4 FETN imbor Applied For 65-0589092 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes 25 29 30 🗌 Yes 🔼 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WILLIAM H. BROTHERS
Street Address (P.O. Box Number is Not Acceptable) KOHL, N. DEAN JR. 82 50 KINDRED ST. 400 So. Federal Highway 83 SUITE 107 STUART FL 34994 Zip Code 34994 City 84 85 Stuart 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the poligations of \$2,0505, Florida Statutes. WILLIAM H. BROTHERS 4/22/96 SIGNATURE OFFICERS AND DIRECTORS 12 [] DELETE TITLE PSTD **PSTD** 1 1 117 6 BROTHERS, WILLIAM N NAME BROTHERS, WILLIAM H. 400 S FEDERAL HWY STHEET ADDRESS 400 S. Federal Highway STUART FL CITY - ST - ZIP Stuart, Fl. 34994 1.4 CHY ST-7F ☐ Change TITLE DELETE: Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CHY ST 712 DELFTE TITLE 3 1 FITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CI ST ZIP CITY - ST - ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - St. Zi² DELETE Addition TITLE 5 1 Hitt Change NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CIEY SE ZIP DELETE TITLE 6.1 TIAE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEFT ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed,

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ient with an address

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

(407) 220-2600

FILED

Secretary of State

Apr 26 1996 8:00 am

CR2E034 (12/95)