## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400077842 (0)

HIGHLAND CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

## FILED Apr 23 1998 8:00am Secretary of State



Filliciparriac	e or posicioss	Mailing Address						
400 SOUTH F STUART FL S	FEDERAL HWY. Ragga	400 SOUTH FEDERAL HWY STUART FL 34994	<i>.</i>	1				
Olomii i E d	****	OTOMIT TE OTOOT			DO 1	NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or			
				}	10/24/1994			ŀ
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		TA TA	pplied For
	SW CORNELL A		CORNE/		65-0589092		<b>├-</b>	lot Applicable
Suite, Apt.		Suite, Apl. #, etc.						Additional
22		27			5. Certificate of Status [	Desired	T	lequired
City & State		City & State	ty 1	-4	<ol><li>Election Campaign F Trust Fund Contributi</li></ol>	~ —		May Be to Fees
Zip	Country	710	Country	A	8. This corporation owe	s or has paid the	e current year In	tangible
24 397			0 (/)		Personal Property Ta  O. Name and Address			No
146	9. Name and Address of Curren	it Registered Agent	81 Nar		O. Name and Address	Of New Hegiste	red Agent	
	LLIAM H. BROTHERS		IVal	ne				į
	O S. FEDERAL HWY		82 Stre	et Address	(P.O. Box Number is No	Acceptable)	1	
	HTE 107			037	1 500 CD	<u>raezc</u>	RUE	
ST	UART FL 34994		83					
			84 City	Day	0 +		85 Zip	Soden ()
				NCN	1 0177		FL   3	9990
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-nam	ed corporal	tion submits this statement	int for the purpo	se of changing i	its registered
agent. I a	egistered agent, or both, in the State im tamiliar with, and accept the obligations.	ations of, Section 607.0505, Flori	da Statutes.	orporation.	S DOG G OF GILOCOTS: 1 THE	reby decept the	парронинане ас	s registored
SIGNATURE	_							ſ
	Signature, typed or pointed name of registered age		Registered Agent sign:	ture required wi		DA		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES	TO OFFICERS		
TITLE	PSTD WILLIAM	☐ DELETE	1.1 TITLE	}			Change	☐ Addition
NAME	BROTHERS, WILLIAM H.		1.2 NAME		-0 04-) 0-0	Dx6121	A-2 C.	İ
STREET ADDRESS	400 S FEDERAL HWY		1.3 STREET ADDRES	ss   300	39 500 00	EME CC	1090	
CITY-S1-ZIP	STUART FL		1.4 CITY - ST - ZIP	PAC	39 SW CO	FC 37	971	
TITLE		☐ DELET <b>e</b>	2.1 TITLE	- {			Change	Addition
NAME			2.2 NAME					ŀ
STREET ADDRESS			2.3 STREET ADDRES	ss				i
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					į
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRES	38				į
CITY-ST-ZIP			3.4. CITY-ST-ZIP	-				1
TITLE		DELETE	4.1 TITLE	<del></del>			Change	Addition
NAME			4. 2 NAME					_
STREET ADDRESS			4.3 STREET ADDRES	:0				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					ì
TITLE		DELETE	5.1 TITLE				Change	Addition
		and orders		1			Unango La	
NAME OTDEET ADDRESS			5.2 NAME	20				ţ
STREET ADDRESS			5.3 STREET ADDRES	00				
CITY-ST-ZIP								II
TITLE		britte	5.4 City-ST-ZiP				05	Addition
		☐ ĐELETE	6.1 THILE				☐ Change	Addition
NAME		☐ DELETE					Change	Addition
NAME STREET ADDRESS		☐ DELETE	6.1 THILE	SS		W-4	Change	Addition
STREET ADDRESS CITY-ST-ZIP	partiful that the information surviving wi		6.1 TITLE 6.2 NAME 6.3 STREFT ADDRES 6.4 CITY-ST-ZIP					

Thereby complied in separate with the information indicated on this annual report or supplied with the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted 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 articlement with an address.

CICALATUDE.

4/2/18

561-622-0090