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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Corporation Name

CITY - ST - ZIP

P95000037725 (5) DOCUMENT #

HIGT		CHIM	CORPORATION
1001	FUR	LOM	CORPORATION

Principal Place of Business Mailing Address 1318 LAFAYETTE STREET 1318 LAFAYETTE STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Date Incorporated or Qualified 05/11/1995 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0591668 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 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 Zip Country 8. This corporation has liability for intangible tax under s 199,032. 24 25 29 30 ☐ Yes 🔼 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 82 1318 LAAYETTE STREET CAPE CORAL FL 33904 В3 City 64 Zio Code 85 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 tire it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 TITLE SEIDL, E NAME 1.2 NAME HILL, THOMAS W. 1318 LAFAYETTE STREET STREET ADDRESS 1.3 STREET ADDRESS 1318 LAFAYETTE ST. CAPE CORAL FL 33904 DITY-ST-ZIP 1.4 CITY - ST - ZIP CAPE CORAL, FL. 33904 THILE □ DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - \$1 - ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-Z:P 5 4 CITY - ST - ZIP DELETE THILE Addition 6 1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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 appears in Block 12 or Block 13 if shanged, or on an attachment y SIGNATURE: J Muma n 4-16-96 (941) 549-2444 FFICER OR DIRECTOR

6.4 CITY-ST-ZIP

CR2E034 (12/95)