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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079267 1. Corporation Name

HIGHLANDER OUTPOST AND GOODS, INC.						1 (84) 840 (84) 840) 840) 840) 840)		1516 1819 11818 8 111		
4										
Principal Place of Business Mailing Address										
1821 S RIDGEWO S DAYTONA FL 3	OOD AVE 32119	1821 S. RIDGEWOOD AVE S. DAYTONA FL 32119					DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualifed			
							10/11/1995			
2. Principal Place of Business 2			2a. Mailing Address				4, FEI Number		Appli	ied For -
2. Principal Pla	ace of Business	· ·					59-3351273		Not A	Applicable
21		26 Suite	Suite, Apt. #, etc.						\$8.75 Ad	ditional
Suite, Apt. #	t, etc.	27	<u> </u>				5. Certificate of Status Desired	Ц.	Fee Requ	
City & State			City & State				6. Election Campaign Financing		\$5.00 м	
		28	28				Trust Fund Contribution		Added to	Fees
Zip Country		Zip 29	Zip Cour				This corporation owes the cur Personal Property Tax.	ent year In	tangible ☐Yes ☐	∃No
24	25		30	-		10. Name and Address of New	Registered	Agent		
	9. Name and Address of Currer	nt Registered	Agent		81	Name	ID. Name and vices of			
EPLING, ROBY R					82		(S.O. Bay Number is Not Accom	able)		
	SLOW FLIGHT DR					Street Add	iress (P.O. Box Number is Not Acceptable)			
DAYT	ONA BEACH FL 32124									
				Ì	84	City		Fl	85 Zip Co	ode.
				45 15		- amed sor	poration submits this statement for the ion's board of directors. I hereby acce		f changing its r	egistered
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Su ations of, Secti	ch change was au ion 607.0505, Flori	thorized da Statu	by tes.	the corporat	poration submits this statement for the ion's board of directors. I hereby acce	pt the appo	entment as regi	stered
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title if annics	able (NOTE: I	Registered /	Agent	t signature requir	ed when reinstating)	DATE		
		ND DIRECTOR					ADDITIONS/CHANGES TO O	FICERS A	ND DIRECTOR	RS IN 12
12.	OTTIOERO TALBOTTE 1		1.1 TIT	LE				Change	Addition	
	PT EPLING, ROBY R			1.2 NA	ME	l	·			
NAME	2657 SLOW FLIGHT DR			1.3 STI	REET	ADDRESS				• }
STREET ADDRESS	DAYTONA BEACH FL			1.4 CIT	1.4 CITY-ST-ZIP					
CITY-ST-ZIP	VPS		☐ DELETE	2.1 TIT	LΕ				☐ Change	Addition
TITLE	EPLING, MARIA	22!		2.2 NA	MÉ	ì			•	ì
NAME	2657 SLOW FLIGHT DR.			2.3 ST	REET	T ADDRESS				
STREET ADDRESS	DAYTONA BCH. FL			2. 4 CI	TY-S	ST-ZIP				
CITY-ST-ZIP	DATTONA BOTI. TE	TONA BOTT. TE		3.1 TIT					Change	☐ Addition
TITLE		3.2		3.2 NA	ME					
NAME				3.3 ST	REET	T ADDRESS		· 25		J. 13
STREET ADDRESS						ST-ZIP	<u> </u>	<u> </u>	<u>/ (, , , , ,) (</u>	
CITY-ST-ZIP			☐ DELETE	4.1 TF					Change	. Addition
TITLE				4, 2 N	AME					
NAME				4.3 ST	TREE	T ADDRESS				
STREET ADDRESS						ST-ZIP	·			
CITY-ST-ZIP			5.1 TI			•		Change	Addition	
TITLE	1			5.2 N	AME		•			
NAME				5.3 S	TREE	T ADDRESS				ļ
STREET ADDRESS				5.4 C	TY-S	ST-ZIP				
CITY-ST-ZIP			☐ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
TITLE		,	_	6.2 N	AME					,
NAME				6.3 S	TREE	ET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90068 007 ***150.00