Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90019 021 ***150.00

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 # **P95000085430**

HIGHER GROUNDS CORPORATION

Marien	anoono com ouminon							
Principal Place	e of Business	Mailing Address						
3151 FAIRMOUNT DR		3151 FAIRMOUNT DR						
HOLIDAY FL 34	691	HOLIDAY FL 34691		DO NOT WRI	TE IN TUIC (CDACE		
US		US	JS .		3. Date Incorporated or Qualifed	1E IN I III 3	3PACE	
					11/01/1995)
		O- Maritim Addings			4. FEI Number			pplied For
2. Principal Place of Business		2a. Mailing Address		59-3339806		 	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			39 3339000			Additional
	#, etc. ~	⊢ ••••••			5. Certifcate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
		28			Trust Fund Contribution		•	to Fees
Zip ·	Country	Zip	Country		8. This corporation owes the curr	ent vear Inta		
24	25		30		Personal Property Tax.		Yes	₩No
24	9. Name and Address of Curren		901		10. Name and Address of New F	Registered A	gent	
			81	Name			•	
WORTHINGTON, JAMES R				0	(D.O. Bay Niverbasia Nat Assess	abla)	.	
3151	FAIRMOUNT DRIVE		82	Street Addre	ess (P.O. Box Number is Not Accepta	abie)		
HOL	IDAY FL 34691		83					
			84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0500 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was au	thorized by	the corporation	pration submits this statement for the in's board of directors. I hereby acce	purpose of o pt the appoin	hanging it tment as r	s registered egistered
SIGNATURE		A CONTE	Desistered Acces	t signature required	Lythan reinstation)	DATE		
12,	Signature, typed or printed name of registered agen	D DIRECTORS	13.	i signature required	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	PD	□ DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	
NAME	WORTHINGTON, PAUL D		1.2 NAME	İ				
	3151 FAIRMOUNT DR.	•	1.3 STREET	ADDDESS	•			
STREET ADDRESS	HOLIDAY FL 34691		1,4 CITY-S1					
CITY-ST-ZIP			2.1 TITLE	1-217			☐ Change	Addition
TITLE			2.2 NAME					
NAME	TOTAL MICO.			LDDDECC				
STREET ADDRESS			2.3 STREET	Į.			+ 1	
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	1-ZIP			Change	☐ Addition
TITLE	STD WOOTHINGTON WATENING	DECEN	3.1 IIILE 3.2 NAME					
NAME	WORTHINGTON, VIVIENNE	•	1					
STREET ADDRESS	3151 FAIRMOUNT DR.		3.3 STREET			\$		
CITY-ST-ZIP	HOLIDAY FL 34691	☐ DELETE	3.4. CITY-S 4.1 TITLE	IT-ZIP			Change	Addition
TITLE		□ DEECTL						<u></u>
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET	1		•		
CITY-ST-ZIP	<u> </u>	□ DELETE	4.4 CITY-S	T-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					
NAME	·			TADROESS				
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		□ DELETE	5.4 CITY-\$1 6.1 TITLE	1-417			☐ Change	Addition
TITLE		☐ DELETE	6.1 IIILE 6.2 NAME					LT VOCATION
NAME				T A DODE CO				
OTDEET ADDRESS	i		6.3 STREET	MUUNE35				

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