## 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

P95000090267 (2)

DOCUMENT # 1. Corporation Name

HIW, INC.								
Principal Place of Busines	SS	Mailing Ad	ldress					illi
725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803			725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803					
			··				3. Date Incorporated or Qualified 3a. Date of Last Report 11/28/1995	
2. Principal Place of Bus		. Ma'ling Address				4. FF: Number Applied For		
Suite, Apt #, etc		26 Suite	Suite, Apt. #, etc.				59-3355000 Not Applicat  5 Continue of Status Position 5 \$8.75 Additional	ile
22		27	1				5. Certificate of Status Desired Fee Required	
City & State	City &	City & State				6. Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution Added to Fees		
Ζιρ <b>24</b>	Country Z <sub>IP</sub> 25 29 30		Counti	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes X No		
	9. Name and Address of Current Re		L				Florida Statutes	
				8	1	Name		ᅥ
STONE, STEPHEN M				82 Street Addre			ess (P.O. Box Number is Not Acceptable)	
725 NORTH MA			L.					
ORLANDO FL 3	2803			8	3			
					4	City	<b>■. 85</b> Zip Code	$\dashv$
11 Pursuant to the provi	isions of Sachane 607.0500	2 2021 607 1600	Florida Statutos	L the chara			FL   5   2,5   Statement for the purpose of changing its registered off	
or registered agent, o	or both, in the State of Flori	dai Such chance	e was authorized	the above by the cor	,00 100	amed corporat Grahon's board	thor suctries this statement for the purpose of changing its registered off 1 of directors. Thereby accept the appointment as registered agent. I am	ice
	cept the obligations of, Sect	tion 607.0505, F	londa Statutes					
SIGNATURE Synctore, type	dorporte I name i tragista cal again	Carothire applicable	j.v:0*8	. Fragitizand Ag	e d	Signaliae negaristis	of or redstating DATE	
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIPLE Pres	President, Sec., Treas. DELETE WIlliam R. Shannon, 2015 Howell Branch Rd. Apt. 11. Matthind, Florida 32751-5903		] DELETE	1 111116			☐ Change ☐ Addition	1
NAME Will	William R. ShANNON,		1 O art of 12 NAM!					
STREET ADDRESS 2015	TADDRESS 2015 HOWELL Branch		d. 1107.12 1351		ET A	ADDRESS		
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NAME			ן טנונונ	2 1 T T ( F 2 2 NAME			Change Addition	1
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CITY-ST-ZIP				3.4 CHY-	51	- ŽIP		
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CITY-ST-ZIP		···		4 4 CIEY		ZIP		
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STREET ADDRESS				5.3 STREE				
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NAME		L	" otter	6.2 NAME			☐ Change ☐ Addition	
STREET ADDRESS				6.3 STREE		Antherss		
CHY-ST-ZIP				6.4 C(TY)-				
				5 7 5711 1		****		1

14. To 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 comporation or the receiver or trustee en powered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: William R. Sha

3/2/96

407 -657-0878