Zip Code

85

## May 19, 1999 8:00 am Secretary of State 05-19-1999 90001 004 \*\*\*750.00

**FILED** 

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 # P96000022938

**SUITE 1800** 

JACKSONVILLE FL 32202

HIGH MARK PRODUCTIONS, INC.

HIGH MAHK	PHODUCTIONS, IN	j.					į			
Principal Place of E	Business	Mailing	Mailing Address				1	) (BAITTA) (IA IRIIA AITI MAIN WAISE RA		#
10575 OLD DIXIE HIG ST. AUGUSTINE FL 3		10575 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 32095			DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualifed 03/13/1996		
2. Principal Place	of Business	2a. Ma	iling Address				Τ,	4. FEI Number		Applied For
21		26					1	59-3374917		Not Applicable
Suite, Apt. #, etc	C	Su:	ite, Apt. #, etc.				1	5. Certifcate of Status Desired		3.75 Additional Fee Required
City & State		Cit	y & State					6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country 25	Zip	Zip Country			7	g. This corporation owes the current y Personal Property Tax.	year Intangibl		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	ULSEY & BUSEY ER STREET			81	1	Name Street Addre	ess	(P.O. Box Number is Not Acceptable)	)	

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

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City

SIGNATURE    Comment   Com	agent. I ar	n familiar with, and accept the obligations of, Section 607.0505, Fl	orida Statutes.	-									
12.	SIGNATURE		- 6		DATE								
TITLE	Objections, types of printed paints of registrated against or one in approximate.												
MAME				ADDITIONS/CHANGES TO OFF									
STREET ADDRESS   10575 OLD DIXIE HIGHWAY   1.3 STREET ADDRESS   ST. AUGUSTINE FL	· · · · · ·	_			□ ontaligo								
CITY-ST-ZP         ST. AUGUSTINE FL         14 CITY-ST-ZP           TITLE         VPDS         OBLETE         21 TITLE         Change         Addition           NAME         HART, LITA G.         22 AMME         STREET ADDRESS         10575 OLD DIXIE HIGHWAY         23 ASTREET ADDRESS         CITY-ST-ZP         CAGTY-ST-ZP         TITLE         Change         Addition           NAME         STREET ADDRESS         3.3 STREET ADDRESS         CITY-ST-ZP         CACTY-ST-ZP	NAME		1.2 NAME										
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NAME	CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP										
10575 OLD DIXIE HIGHWAY   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE	VPDS DELETE	2.1 TITLE		☐ Change	Addition							
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME		6.2 NAME										
OIT 1-31-21F	STREET ADDRESS	_	6.3 STREET ADDRESS										
1. 1 have by contife that the information supplied with this filing does not qualify for the examption stated in Section 110 07/3/(i) Florida Statutes. I further certify that the information						<del></del>							

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.

SIGNATURE: \_

Daytime Phone #