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PROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT #

STREET ADDRESS City-St-ZIP



FLORIDA DEPARTMENT OF STATE

∕Sandr# B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P96000045413 (7)

HIGHER STANDARD CONSTRUCTION, INC.

Principal Place of Business Mailing Address 2890 HIGHWAY 98 W 2890 HIGHWAY 98 W SANTA ROSA BEACH FL 32459-5326 SANTA ROSA BEACH FL 32459 3. Date incorporated or Qualified 3a. Date of Last Report 05/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WILLIS, TERESA Street Address (P.O. Box Number is Not Acceptable)

-07/11/97--01075--003 290 WALTON WAY 82 **DESTIN FL 32541-3949** 83 ****165.UU... ****165,UU 84 City 85 11. Pursuant to the provisions of Soctions 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 title if applicable (NOTE: flegistered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE D 1.1 THUE WILLIS, TERESA NAME 1.2 NAME 290 WALTON WAY STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL 32541-3949** 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiF DELFTE Change Addition TITLE 3 1 111LF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - 2IP DELETE TITLE 61 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS**

appears in Block 12 or Block 13 if changed, or on an attachment with an address. ACTORICATION POLICIANA

6.4 CHY+\$1-2(P

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

14. I do 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

MINUTEU AND FILED

1997 JUL -7 AM 11: 04

SECRETARY OF STATE TĂLLĂHASSEE FLORIDA

