


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054910 (0)**

1. Corporation Name

HIGHGROUND PROPERTIES, INC.

Principal Place of Business

**11 E ZARAGOZA ST
PENSACOLA FL 32501**

Mailing Address

**11 E ZARAGOZA ST
PENSACOLA FL 32501**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1996		3a. Date of Last Report	
21 499 N. Ferdon Blvd.		26		4. FEI Number 59-3392163		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Crestview, Florida		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32536		25 Country Okaloosa		29 Zip		Country	
24 32536		25 Okaloosa		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BEDNAR, MARK A
11 E ZARAGOZA ST
PENSACOLA FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D & O (Secretary) <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDNAR, MARK A	1.2 NAME	Timothy M. Clark
STREET ADDRESS	11 E ZARAGOZA ST	1.3 STREET ADDRESS	499 N. Ferdon Boulevard
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	Crestview, Florida 32536
TITLE	D & O (Treasurer) <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kermit H. George (Addition)	2.2 NAME	Robert Cadenhead
STREET ADDRESS	499 N. Ferdon Boulevard	2.3 STREET ADDRESS	499 N. Ferdon Boulevard
CITY-ST-ZIP	Crestview, Florida 32536	2.4 CITY-ST-ZIP	Crestview, Florida 32536
TITLE	D & O (Vice President) <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Blocker (Addition)	3.2 NAME	
STREET ADDRESS	499 N. Ferdon Boulevard	3.3 STREET ADDRESS	
CITY-ST-ZIP	Crestview, Florida 32536	3.4 CITY-ST-ZIP	
TITLE	D & O (President) <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce B. Teel (Addition)	4.2 NAME	
STREET ADDRESS	499 N. Ferdon Boulevard	4.3 STREET ADDRESS	
CITY-ST-ZIP	Crestview, Florida 32536	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE:

Signature (REQUIRED)
Signature and typed or printed name of signing officer or director

Date

904-682-6156

Daytime Phone #

0614503

CR2E034 (9/96)