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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000064274**1. Corporation Name

HIGHLAND PARK FISH CAMP, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90098 042 ***150.00



| | | | | | | | | is en lik e rio es | in Maid | | |
|--|--|---|----------------------------------|----------------------|------------|-------------------|---|----------------------------------|---------|-------------|------------|
| Principal Place of Business Mailing Address | | | | | | | 1 10011001 110 12110 01111 20111 001 | 11 06/11 20119 CI | | ., | |
| 2640 WEST HIGHLAND PARK ROAD 2640 WEST HIGHLAND PARK | | | | | | | | | | | |
| DELAND FL 32720 DELAND FL 327 | | | . 32720 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | | 08/01/1996 | | | | 1 |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | | 4. FEI Number | | | Appl | ed For |
| 21 | | 26 | 26 | | | | 59-3412505 | | | Not a | Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.7 | 5 Ad | ditional |
| 22 | | 27 | 27 | | | | 5. Certificate of Status Desired | | . Fee | Req | ired |
| City & State | 9 | City & S | City & State | | | | 6. Election Campaign Financing | | • | | ay Be |
| 23 | . <u></u> | 28 | | | | | Trust Fund Contribution | | Add | ed to | Fees |
| Zip | Country | Zip | _ | Cour | ıtry | | 8. This corporation owes the curre | | | _ | ١ ا |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | | Yes | | No |
| | 9. Name and Address of Cur | rent Registered Ag | ent | | 81 | Name | 10. Name and Address of New R | egisterea A | gent | | |
| TEAL | ., MICHAEL S | | | | ٠, | Name | | | | | |
| | WEST RICH AVENUE | | | 82 Street Addre | | | ess (P.O. Box Number is Not Accepta | ble) | | | Į |
| | ND FL 32720 | | | | 83 | | | | | | |
| VLL | AND I C OSIZO | | | ĺ | 0.5 | | | | | | |
| | | | | 1 | 84 | City | | FL | 85 | Zip Co | de |
| | | 0000 1007 4500 | Flatida Diatuta | - 46-0-06 | | named com | aration submits this statement for the | | hanging | ite re | nistered |
| office or r agent. I a | egistered agent, or both, in the Sta m familiar with, and accept the ob | ate of Florida. Such ligations of, Section | change was au 607.0505, Flori | thorized da Statu | by thes. | ne corporation | oration submits this statement for the on's board of directors. I hereby accept | t the appoin | tment a | s regi | stered |
| SIGNATURE | Signature, typed or printed name of registered | title if a disable | /NOTE: S | Dagistered : | Agent | nionatura reguira | d when reinstating) | DATE | | | |
| 12. | | AND DIRECTORS | (NOTE: 1 | 13. | -goin : | signature require | ADDITIONS/CHANGES TO OF | | DIRE | CTOR | S IN 12 |
| TITLE | D DELETE | | 1.1 TITLE | | $\neg 	op$ | | | Chai | nge | Addition | |
| NAME | RAWLINS, RICHARD E | | | 1.2 NA/ | ME | | | | | | |
| STREET ADDRESS | 2640 WEST HIGHLAND PAR | RK ROAD | | 1.3 ST | REETA | ODRESS | | | | | |
| CITY-ST-ZIP | DELAND FL 32720 | , , , , , | | 1.4 CIT | Y- ST- | ZIP | | | | |] |
| TITLE | D | | DELETE | 2.1 111 | | | | | Char | nge | Addition |
| NAME | RAWLINS, RONALD L | | | 2.2 NA | ME | | • | | | |] |
| STREET ADDRESS | AALA WEAT LUCKE AND DAE | RK ROAD | | 2.3 ST | REETA | ADDRESS | · | | | | |
| CITY-ST-ZIP | DELAND FL 32720 | | | 2. 4 CI | ry-st- | . ZIP | | | | | |
| TITLE | | | DELETE | 3.1 TIT | LE | | | | Char | nge | ☐ Addition |
| NAME . | | | | . 3.2 NA | ME | 1 | | | | | } |
| STREET ADDRESS | | | | 3.3 STI | REETA | DDRESS | | | | | ì |
| CITY-ST-ZIP | | | | 3.4. CI | Y-ST- | -ZIP | | | | | |
| TITLE | | | DELETE | 4,1 TIT | LE | | | | Cha | nge | ☐ Addition |
| NAME | | | | 4. 2 NA | ME | | | | | | 1 |
| STREET ADDRESS | | | | 4.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CIT | Y-ST- | ZIP | | | | | |
| TITLE | | | DELETE | 5.1 TIT | | | | | Chai | nge | Addition |
| NAME | | | | 5.2 NA | | | | | | | { |
| STREET ADDRESS | | | | • | | ADDRESS | | | | | . |
| CITY-ST-ZIP | <u> </u> | | | 5.4 CIT | _ | ZIP | | | <u></u> | | |
| TITLE | | | DELETE | 6.1 TIT | | | | | Chai | nge | ☐ Addition |
| NAME | | | | 6.2 NA | | | | | | | } |
| STREET ADDRESS | | | | 6.3 STI | REETA | ADDRESS | | | | | |
| | | | | B 0 4 0 T | N 0T | 745 I | | | | | |

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.