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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 31 1997 8:00am Secretary of State

1997		1
DOCUMENT # F	711 (5)	
HIGHLAND FALLS INC.		

j i	
3. Date Incorp 11/12/198	orated or Qualified 3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
21	7438572 Not Applicable
27 5. Certificate o	of Status Desired
00. 1.00-1-	mpaign Financing \$5.00 May Be
28 Trust Fund (
24 25 29 30 Florida Statu	ation has liability for intangible tax under s. 199.032, utes
	Address of New Registered Agent
SHUART, JAMES H 1425 W. HIGHALDN BLVD. 82 Street Address (S.O. Roy Nur	
INVERNESS FL 34452	nber is Not Acceptable)
83	
84 Cily	85 Zip Code
Ad Director to the provisions of Content CO7 01/00 and CO7 45/00 Elected Content to the plant provided as a position of brother this	FL B 2.5 Octo
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Norida Statutes.	s statement for the purpose or changing its registered ctors. I hereby accept the appointment as registered
SIGNATURE JAMES H SHUART Pres.	7-28-97
SIGNATURE Stockline, typed or probled name of registered agent and trie if applicable (NOTE Registered Agent signature required when rejustating)	DATE
	CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME SHUART, JAMES H 1.1 TITLE 1.2 NAME	☐ Change ☐ Addition
A APP THE BUILDING BUILDING	
STREET ADDRESS 1420 W HIGHLAND BLVD. CITY-ST-ZIP INVERNESS FL 34452 1,4 CITY-S1-ZIP	
TOLE D DELETE 2.1 TOLE	Change Addition
NAME SHUART, SANDRA M 22 NAME	-
STREET ADDRESS 1425 W HIGHLAND BLVD. 2.3 STREET ADDRESS	
City-St-ZiP INVERNESS FL 34452 2.4 City-St-ZiP	
THILE DELETE 3.1 THLE	Change Addition
NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
	Change Addition
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NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	
CITY-ST-ZIP	Change Addition
NAME 5.2 NAME	Vg-
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-S1-ZIP	
	Change Addition
TITLE ■ 61 TITLE	U priprige U riourien
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NAME STREET ADDRESS 6 2 NAME 6.3 STREET ADDRESS	

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 empowersh 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.

2=28-02 252 300 3216