

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000093711 (5)**

1. Corporation Name

**HIGHLAND FALLS INC.**

Principal Place of Business

**1425 W. HIGHLAND BLVD.  
INVERNESS FL 34452**

Mailing Address

**1425 W. HIGHLAND BLVD.  
INVERNESS FL 34452**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/12/1996**

4. FEI Number

**59-3438572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**SHUART, JAMES H**

**1425 W. HIGHLAND BLVD.**

**INVERNESS FL 34452**

*Highland Blvd  
mis-spelled*

10. Name and Address of New Registered Agent

**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

TITLE **D** ☐ DELETE

NAME **SHUART, JAMES H**

STREET ADDRESS **1425 W HIGHLAND BLVD.**

CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ DELETE

NAME **SHUART, SANDRA M**

STREET ADDRESS **1425 W HIGHLAND BLVD.**

CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**300002590313**

**-07/16/98--01005--029**

**\*\*\*150.00**

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.

SIGNATURE: **Sandra M. Shuart**

**7-2-98**

**(352)**

**854-1212**

CR2E034 (5/98)

FILED  
Jul 14 1998 8:00am  
Secretary of State



2

---

---

## *Hammett & Company*

*CERTIFIED PUBLIC ACCOUNTANTS*

*FINANCIAL ADVISORS*

*BUSINESS CONSULTANTS*

*A results-oriented Accounting, Tax, Management, Insurance &  
Financial Advisory Firm*

---

---

July 9, 1998

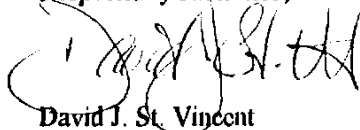
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Highland Falls, Inc.

Please be advised, this is the first report for our new client. We have just been retained within the past 45 days for tax and accounting purposes. Our client is a struggling new business in it's first year of operations. She is making her best efforts to follow the various rules and guidelines for small businesses, however she has relied upon the advice of a previous accountant who has not performed to her satisfaction. She has therefore retained our services in replacement. The due date for the Annual Report fell in the middle of this transition process, and she did not realize the report was not filed timely.

We therefore request your acceptance of the report enclosed as timely, and forgive the late fee of \$400.00. At this point in time, this fee would pose a significant burden upon the cash flow of this operation, and would be unproductive. Thank you in advance for you cooperation.

Respectfully submitted,



David J. St. Vincent  
For the Firm

cc: Sandra Stuart