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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103666 (9)

M. H. HIGGINS, INC.

FILED Feb 27 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			ıl
1618 SAND HOLLOW LANE 1618 SAND HOLLOW LANE VALRICO FL 33594 VALRICO FL 33594				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
_				12/23/1996	
21 813	Sordinstuble.	2a. Mailing Address 26 8/3 Sw	deprie Ca.	4. FEI Number 59 3429385 Applied Fo	cable
Suite, Apt	#, etc.	Suitē, Apt. #, etc.		5. Certificate of Status Desired Fee Required	al
City & Stat	edew. FL	City & Bravelo	N FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	711)	Country	8. This corporation owes or has paid the current year Intengible	
24 335			10	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent WOLFE, LARRY 81 Name				10, Raine and Address of New Registered Agent	
)-A JOHN KNOX ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32303-6643				tos (i.e. box rumber is not notopiable)	
			83		İ
			84 City	Ei 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpose of changing its registe	ered
office or r agent. I a	registored agent, or both, in the State am familiar with, and accept the oblig-	of Florida, Such change was au ations of, Section 607,0505, Flori	ithorized by the corpora ida Statutes.	tion's board of directors. I hereby accept the appointment as register	rea
SIGNATURE	5				_
12.	Signature, typical or pointed name all registered aga OFFICERS ANI		Ringistored Agent signature requi	red whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12	<u>-</u>
TITLE	D	☐ DELFTE	1.1 TOTLE		dition
NAME	HIGGINS, MICHAEL H		1.2 NAME		Ì
STREET ADDRESS	1618 SAND HOLLOW LANE		1.3 STREET ADDRESS	813 SANDLASTLE Circle BRANDUN, FL 33511	
CITY-ST-ZIP TITLE	VALRICO FL 33594	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	SRANDON, FL 3357	dition
NAME		_ Dream	2.2 NAME	, vininge	
STREET ADDRESS			2.3 STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •	-
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Add	idition
NAME OTROCT ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			3.3 STREET AUDRESS 3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Add	dition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4 4 CITY-ST-ZIP 51 TITLE	Change Adv	dition
NAME		E presid	5 2 NAME		5,4011
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DETE1E	6.1 TITLE	☐ Change ☐ Add	dition
NAME CTOCET ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		İ
14. I hareby	L certify that the information supplied w	ith this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under path; that I am a	ation

16. Thereby certify that the information supplied with this filing does not quality 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 employeered 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 addition.

SIGNATURE:

2.24.90

813 643-1182