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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064794

1. Corporation Name

HIGH-N-WIDE INC.

Principal Place of Business	Mailing Address
13802 SE 44 AVE SUMMERFIELD FL 34491	13802 SE 44 AVE SUMMERFIELD FL 34491

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **07/24/1997**	
4. FEI Number **59-3464301**	Applied For / Not Applicable

2. Principal Place of Business	21	2a. Mailing Address	26	3. Date Incorporated or Qualifed 07/24/1997	
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	4. FEI Number 59-3464301	Applied For / Not Applicable
City & State	23	City & State	28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country	24 / 25	Zip / Country	29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
POWERS, ROXANA 13802 SE 44 AVE SUMMERFIELD FL 34491	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 **DP** ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **POWERS, MICHAEL E**	1.2 NAME		
STREET ADDRESS **13802 SE 44 AVE**	1.3 STREET ADDRESS		
CITY-ST-ZIP **SUMMERFIELD FL 34491**	1.4 CITY-ST-ZIP		
TITLE **DV** ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **POWERS, MICHELLE**	2.2 NAME		
STREET ADDRESS **13802 SE 44 AVE**	2.3 STREET ADDRESS		
CITY-ST-ZIP **SUMMERFIELD FL 34491**	2.4 CITY-ST-ZIP		
TITLE **ST** ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME **POWERS, ROXANA**	3.2 NAME		
STREET ADDRESS **13802 SE 44 AVE**	3.3 STREET ADDRESS		
CITY-ST-ZIP **SUMMERFIELD FL 34491**	3.4 CITY-ST-ZIP		
TITLE **D** ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME **POWERS, MICHAEL E**	4.2 NAME		
STREET ADDRESS **13802 SE 44 AVE**	4.3 STREET ADDRESS		
CITY-ST-ZIP **SUMMERFIELD FL 34491**	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

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.

SIGNATURE: _Roxana R Powers_   4/18/99   352-245-6352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)