## 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

POCUMENT # P97000073299 (4)

HIGHLAND LAND DEVELOPMENT CORP.

## FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1330 PALMETTO AVE. 1330 PALMETTO AVE. WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1997 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 59-3478404 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GODWIN, LARRY 1330 PALMETTO AVE. Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 63 Zip Code R4 City 85 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 4 appearable (NOTE: Rogistered Agent algorithm required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.1 TITLE **GODWIN, LARRY** 1.2 NAME NAME 1330 PALMETTO AVE. 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this fifting 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 employered 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 all actiment with an address.

SIGNATURE: