PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000030138

Florida

US

9. Name and Address of Current Registered Agent

Country

HIGHLANDS LAND & REALTY COMPANY

Principal Place of Business -6760-9: FLA: AVE.:67E.0 -LAKELAND FL-33813-

2. Principal Place of Business

Suite, Apt. #, etc.

Highland Ci

33846

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3009 E. CR 540A

ELLSWORTH, W.WM. JR.

6700 S. FLA. AVE.,STE.6 LAKELAND FL 33813 Mailing Address

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6700 9. FEA: AVE::9TE6 EAKELAND-FL 30813-

Suite, Apt. #, etc.

City & State

33<u>846</u>

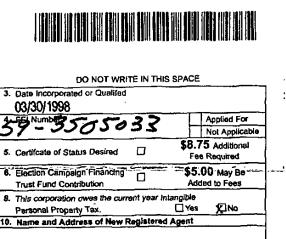
Mailing Address P. O. Box 1797

Highland City, Florida

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## FILED Mar 22, 1999 8:00 am Secretary of State

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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.

Country

Name

Street Address (P.O. Box Number is Not Acceptable)

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 DIRECT	
TILE !	D DELETE	1,1 TITLE	Change	☐XAddition
NAME	ELLSWORTH, W.WM. JR.	1.2 NAME		- 1
STREET ADDRESS	6700 S. FLA. AVE.,STE.6	1.3 STREET ADDRESS		ł
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP		
TITLE !	C DELETE	2.1 TILE	☐ Change	Addition
NAME .		22 NAME	•	
STREET ADDRESS		2.3 STREET ADDRESS	'	
CITY-ST-ZIP	·	2.4 CITY-ST-ZIP		
·me + -	DELETE -	3,1 TITLE - ""	Cyaude	□ Addition
: 10165		3.2 NAME		1
STREET ADDRESS	• • •	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS	•	4.3 STREET ADDRESS	_	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	F7.01	- Addition
TTLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME :		5.2 NAME	,	
STREET ADDRESS	•	5.3 STREET ADDRESS	·	
CITY-ST-ZEP		5.4 CFTY-ST-ZDP		
TTILE	☐ DELETE	&1 TITLE	Change	☐ Addition
NAME		8.2 NAME		
STREET ADDRESS		8.3 STREET ADDRESS		1
CITY-ST-ZIP		8.4 CITY-ST-ZIP	the Courtee to 0.77(2)(i) Floride Statute I further continuity that the	lefe diag

I hereby certify that the Information sepptied with this pring does he 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 to the faceiver of trustee employed 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:

NUMBER OF SCHOOL OF SCHOOL OF CER OF DESCRIPTION

W. Wm. Ellsworth, Jr., President

3/16/99 · 941/644-9197

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