2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P98000030138 1. Entity Name 04-22-2004 90022 001 ***150 00 HIGHLANDS LAND & REALTY COMPANY Principal Place of Business Mailing Address 44035800 6700 S. FLORIDA AVE. PO BOX 7667 STE. #6 LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-3505033 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -ELLSWORTH; W:WM.-JR.-Street Address (P.O. Box Number is Not Acceptable) 6700 S. FLA. AVE., STE.6 LAKELAND FL 33813 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Change ☐ Addition □ Delete TITLE ELLSWORTH, W.WM. JR. NAME NAME STREET AODRESS 6700 S. FLA. AVE., STE.6 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all Oyier like empowered.

SIGNATURE AND TYPED OR PRINTED NINE OF SIGNING OFFICER OR DIRECTOR Wm. Elleworth.

SIGNATURE: 4

3/16/04 Date

863-644-9197

FILED