

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90235 031 ***150.00

DOCUMENT # P98000070565

1. Corporation Name
HIGHWAY 27 CORPORATION

Principal Place of Business
200 U.S. HIGHWAY 27 NORTH
FROSTPROOF FL 33843

Mailing Address
200 U.S. HIGHWAY 27 NORTH
FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1998

4. FEI Number

65-0856725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

J. A. STEPHENS

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

SUMMERS ROAD

83

FT MEADE, FL

84 City

FL 85 Zip Code
33841

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

J. A. STEPHENS, DIRECTOR

4-19-99

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 PD ☒ DELETE
NAME ALBRITTON, JOSEPH R
STREET ADDRESS POST OFFICE BOX 1733
CITY-ST-ZIP WAUCHULA FL 33873

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME STEPHENS, JR. JOHN A.
1.3 STREET ADDRESS 609 N. LANIER AVE
1.4 CITY-ST-ZIP FT MEADE, FL 33841

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME STEPHENS, MARK FARRIS
2.3 STREET ADDRESS SEMINOLE AVE APT B-1
2.4 CITY-ST-ZIP FT MEADE, FL 33841

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME STEPHENS, JR. JOHN A.
3.3 STREET ADDRESS 609 N. LANIER AVE
3.4 CITY-ST-ZIP FT MEADE, FL 33841

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME J. A. STEPHENS
4.3 STREET ADDRESS SUMMERS ROAD
4.4 CITY-ST-ZIP FT MEADE, FL 33841

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME GAYLE STEPHENS
5.3 STREET ADDRESS SUMMERS ROAD
5.4 CITY-ST-ZIP FT MEADE, FL 33841

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 a father like empowered.

SIGNATURE

J.A. STEPHENS, DIRECTOR

4-19-99

941-635-4873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0436042