

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 24 1996 8:00 am  
Secretary of State

DOCUMENT # S02953 (5)

1. Corporation Name

HIGHPOINT GENERAL CONTRACTING, INC.



Principal Place of Business

171 COMMERCIAL BLVD.  
SUITE 21  
NAPLES FL 33942  
US

Mailing Address

171 COMMERCIAL BLVD.  
SUITE 21  
NAPLES FL 33942  
US

2. Principal Place of Business

2a. Mailing Address

21

26

3. Date Incorporated or Qualified

09/21/1990

3a. Date of Last Report

03/15/1995

4. FEI Number

65-0219791

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 has liability for intangible tax under s. 190.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BRESEE, DARRELL L.  
177-3 SANTA CLARA DRIVE  
NAPLES FL 33942

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 607.0509, Florida Statutes.

SIGNATURE

*Darrell L. Bresee*

1-15-96

12. OFFICERS AND DIRECTORS

|                    |                       |                                 |
|--------------------|-----------------------|---------------------------------|
| 1. TITLE           | PST                   | <input type="checkbox"/> DELETE |
| 2. NAME            | BRESEE, DARRELL       |                                 |
| 3. STREET ADDRESS  | 177-3 SANTA CLARA DR. |                                 |
| 4. CITY, ST, ZIP   | NAPLES FL             |                                 |
| 5. TITLE           | VP                    | <input type="checkbox"/> DELETE |
| 6. NAME            | TAISHOFF, LAWRENCE B  |                                 |
| 7. STREET ADDRESS  | 4400 GULFSHORES BLVD. |                                 |
| 8. CITY, ST, ZIP   | NAPLES FL 33940       |                                 |
| 9. TITLE           |                       | <input type="checkbox"/> DELETE |
| 10. NAME           |                       |                                 |
| 11. STREET ADDRESS |                       |                                 |
| 12. CITY, ST, ZIP  |                       |                                 |
| 13. TITLE          |                       | <input type="checkbox"/> DELETE |
| 14. NAME           |                       |                                 |
| 15. STREET ADDRESS |                       |                                 |
| 16. CITY, ST, ZIP  |                       |                                 |
| 17. TITLE          |                       | <input type="checkbox"/> DELETE |
| 18. NAME           |                       |                                 |
| 19. STREET ADDRESS |                       |                                 |
| 20. CITY, ST, ZIP  |                       |                                 |
| 21. TITLE          |                       | <input type="checkbox"/> DELETE |
| 22. NAME           |                       |                                 |
| 23. STREET ADDRESS |                       |                                 |
| 24. CITY, ST, ZIP  |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                                                                   |
| 24. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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.

SIGNATURE:

*Darrell L. Bresee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

941-882-1331

CR2E034 (12/95)