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

PROFIT CORPORATION ANNUAL REPORT



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

	1996						
DOC	CL	JΜ	ΕN	T #			

S21876

(5)

ROBERT S. HIGHTOWER, P.A.								
Principal Place	Principal Place of Business Mailing Address				e addicate foll artiffer binite imite if	918 6111 91911 9 1911 9	iare Elfir arbit åtått 1881	
241 E VIRGINIA ST P O BOX 4165 TALLAHASSEE FL 32301 TALLAHASSEE FL 32315 US								
03					 Date Incorporated or Qualified 12/31/1990 	3a. Date of La 01/	ast Report 13/1995	
2. Principal Pla	ce of Busness	2a. Mailing Address			4. FEI Number		Applied For	
Suite. Apt. #	etc	Suite, Ant. #, etc.			59-3045959	•	Not Applicable	
22		27			5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$	5.00 May Be	
3] 	Country	28	Country		Trust Fund Contribution		Added to Fees	
4 25		7ip Country 29 30			This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \sum No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agen	t	
			81 Nai	me				
HIGHT	ower, Robert S. Virginia St.		82 Str	eet Addres	s (P.O. Box Number is Not Acceptab	e)		
	VINGINIA 51. HASSEE FL 32301		83	******				
INLLA	INOUEL I E UZUUT							
			84 City	У		FL 85	Zip Code	
SIGNATURE	agnative, typied or pointe l'haine at registered agierce OFFICERS AND		iOTE Registered Agent signar	ature required w	hen reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRE	CTORS IN 12	
TIFLE	PTS	DELFTE	1. 1 TITLE		ADDITIONS/OFFANGES TO OFF	CENS AND DING		
NAME	HIGHTOWER, ROBERT S		1.2 NAME					
STREET ADDRESS	241 E. VIRGINIA ST.		1 3 STREET ADDRE	ESS				
CHY-S1-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP					
) III I		☐ DELETE	2 1 TITLE	į		Ch:	ange 🖺 Addition	
NAME STREET ADORESS			2 2 NAME	500				
CHY ST ZIE			2 3 STREET ADDRE 2 4 CITY - ST - ZIP	ŀ				
IIILE		DELETE	3 1 TITLE			Ch.	ange	
NAME			3.2 NAME				_	
STREET ADORESS			3.3 STREET ADDR	RESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	5000	3 4 CITY - ST - ZIP					
11116		☐ DELETE	4. 1 TITLE	İ		Chi	ange 🔲 Addition	
NAME			4.2 NAME	500				
CHY-ST ZIP			4.3 STREET ADDRE	1				
THEF		☐ DELETE	5 1 TITLE			Chi	ange Addition	
NAME		-	5.2 NAME			_	-	
STREET ADDRESS			5 3 STREET ADDRE	ESS				
City-St ZiF			5 4 CITY-ST - ZIP					
TITLE		DELETE	6 1 TITLE			Ch:	ange 🔲 Addition	
NAM:			6 2 NAME					
STREET ADDRESS			6.3 STREET ADDRE					
City St Zie	certify that the information supplied w	itir this filing is voluntarily for	6.4 CITY-ST-ZIP		the exemption stated in Section 110	07(3)(k) Florida 9	Statutes further	
certify that oath; that I	the information indicated on this annu- am an officer or director of the corpor Block 12 or Block 13 if changed, or o	al report or supplemental an ation or the receiver or trust	nual report is true and ee empowered to exc	d accurate	and that my signature shall have the	same legal effect	t as if made under	

SIGNATURE:

SEMULATIVES MAINE OF SIGNING OFFICER OR DIRECTOR

(904) 222-4666