

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90197 010 ***158.75

DOCUMENT # S31646

1. Corporation Name

HIGHLANDS TRUCK TOWING, INC.

Principal Place of Business

570 U.S. 27 NORTH
VENUS FL 33960

Mailing Address

570 U.S. 27 NORTH
VENUS FL 33960



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1991

4. FEI Number

59-3059389

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

21 22 Pollard Place

2a. Mailing Address

26 P.O. Box 470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Venus, Florida

Zip

24 33960

Country

25 USA

City & State

28 Venus, Florida

Zip

29 33960

Country

30 USA

9. Name and Address of Current Registered Agent

POLLARD, S. LEON
22 POLLARD PLACE
VENUS FL 33960

10. Name and Address of New Registered Agent

81 Name

ShareenLynn Pollard

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

22 Pollard Place

83

84 City

Venus

FL

85 Zip Code

33960

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

ShareenLynn Pollard, President

4/29/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME POLLARD, S. LEON
STREET ADDRESS 570 U.S. 27 NORTH
CITY-ST-ZIP VENUS FL 33960

☒ DELETE

TITLE VP
NAME POLLARD, S. GARRETT
STREET ADDRESS 22 POLLARD PLACE
CITY-ST-ZIP VENUS FL 33960

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 all other like empowered.

SIGNATURE: ShareenLynn Pollard 4/29/99 941-455-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0452370

CR2E034 (11/98)