2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S91524

ELODIDA LIIOLIMANA DDODLIOTO, INIO

FILED Apr 30, 2002 8:00 AM Secretary of State

Entity Name:	FLORI	DA HIGHV	VAY PRODUCTS, INC						
Current Principal Place of Business:				New Prin	New Principal Place of Business:				
3900 US HWY P.O. BOX 928 BARTOW, FL		US							
Current Maili	ress:		New Mail	New Mailing Address:					
3900 US HWY P.O. BOX 928 BARTOW, FL		US							
FEI Number: 59-	3103183	FEI Nu	umber Applied For()	FEI Number Not App	olicable ()	Certific	ate of Status I	Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
MYERS, C. B. 130 E. CENTF LAKE WALES									
The above nar in the State of		ty submits	this statement for the p	ourpose of changing	its registere	ed office or	registered a	gent, or both,	
SIGNATURE:									
Electronic Signature of Registered Agent					Date				
			its Intangible Tax filing req und Contribution ().	uirement and elects to	do so (X).				
OFFICERS AND DIRECTORS:				ADDITIO	NS/CHANG	ES TO OF	FICERS AN	D DIRECTORS	
		() Delete JOHN R., LAKE N/A		Title: Name: Address:	DP MAGGARD	*	() Addition		

BARTOW, FL 33831

City-St-Zip:

City-St-Zip: LAKE WALES, FL City-St-Zip: BARTOW, FL 33831 () Delete Title: (X) Change () Addition MAGGARD, NANCY D., MAGGARD, ROBERT H Name: Name: Address: MOUNTAIN LAKE N/A Address: 3900 US HWY 17 N BARTOW, FL 33831 LAKE WALES, FL City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: MAGGARD, ROBERT H Name: Address: P.O. BOX 928 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOHN R MAGGARD DP 04/30/2002