

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S91524\***

1. Entity Name  
**FLORIDA HIGHWAY PRODUCTS, INC.**



Principal Place of Business  
**3900 US HWY 17 N  
P.O. BOX 928  
BARTOW, FL 33831 US**

Mailing Address  
**3900 US HWY 17 N  
P.O. BOX 928  
BARTOW, FL 33831 US**



08192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3103183**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fees Required**

**6. Name and Address of Current Registered Agent**

**MYERS, C. B.  
130 E. CENTRAL AVE.  
LAKE WALES, FL 33853**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAGGARD, JOHN R 3900 US HWY 17 N BARTOW, FL 33831
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MAGGARD, ROBERT H 3900 US HWY 17 N BARTOW, FL 33831
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U00000171060  
08/30/04-80001-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/25/04**  
Date

**863-533-7881**  
Daytime Phone #