

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V69041 (4)			
1. Corporation Name HIGHWAY 90 PROPERTIES, INC.			
Principal Place of Business P.O. BOX 4634 PENSACOLA FL 32507		Mailing Address P.O. BOX 4634 PENSACOLA FL 32507-0634	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/02/1992	
22. City & State	27. City & State	3a. Date of Last Report 06/21/1996	
23. Zip	28. Zip	4. FEI Number 59-3145828	
24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent RUSHING, LLOYD G. 125 WEST SUNSET AVE. PENSACOLA FL 32507		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		81. Name	
SIGNATURE		82. Street Address (P.O. Box Number is Not Acceptable)	
Step 1: Type or print name of registered agent and title if applicable.		83.	
(NOTE: Registered Agent signature required when reinstating)		84. City	
DATE		85. Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	
TITLE	2.1 TITLE	2.1 TITLE	
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	
TITLE	3.1 TITLE	3.1 TITLE	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	
TITLE	4.1 TITLE	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
TITLE	5.1 TITLE	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	
TITLE	6.1 TITLE	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	
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.			
SIGNATURE: <i>Mr. Lloyd G. Rushing</i> 3-31-97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)