

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000027815 (6)

1. Corporation Name

HIGHSMITH & WRENN, INC.

APPROVED AND FILED
1996 MAY -1 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1422 SAN MARCO BLVD
JACKSONVILLE FL 32207

Mailing Address

1422 SAN MARCO BLVD
JACKSONVILLE FL 32207

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

4. FEI Number

59-3303899

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HIGHSMITH, PATRICIA J
4127 TOBIN DR
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE D HIGHSMITH, PATRICIA J DELETE
NAME
STREET ADDRESS 4127 TOBIN DR
CITY- ST- ZIP JACKSONVILLE FL 32257

TITLE D WRENN, JULIE L DELETE
NAME
STREET ADDRESS 4127 TOBIN DR
CITY- ST- ZIP JACKSONVILLE FL 32257

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

300001820603
05/14/96--01086--005
****200.00 ****200.00

SCCS-1-94

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE:

Julie L. Wrenn

JULIE L. WRENN

4/26/96

398-3431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)