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Fill	in this information to ident	ify your case:		
Uni	ited States Bankruptcy Court	for the:		
so	UTHERN DISTRICT OF FLO	RIDA	_	
Cas	se number (if known)		Chapter 11	
				☐ Check if this an amended filing
V(ore space is needed, attach	on for Non-Individu a separate sheet to this form. On the to the document, Instructions for Bankrup	op of any additional pages, write the	debtor's name and case number (if known).
1.	Debtor's name	Highvest Corp.		
2.	All other names debtor used in the last 8 years			
	Include any assumed names, trade names and doing business as names			
3.	Debtor's federal Employer Identification Number (EIN)	59-2946537		
4.	Debtor's address	Principal place of business	Mailing addres	ss, if different from principal place of
		7406 U.S. 27, N.		
		Sebring, FL 33870 Number, Street, City, State & ZIP Code	P.O. Box, Num	ber, Street, City, State & ZIP Code
		Highlands County	Location of pr	incipal assets, if different from principal ess
			Number, Street	t, City, State & ZIP Code
5.	Debtor's website (URL)			
6.	Type of debtor	Corporation (including Limited Liabil	lity Company (LLC) and Limited Liability	/ Partnarchin (LLD))
		☐ Partnership (excluding LLP)	iny Company (LLC) and Limited Liability	, i aimerally (LLF))

☐ Other. Specify:

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Debt	or Highvest Corp.		Ca	se number (if known)		
	Name					
7.	Describe debtor's business	 ☐ Health Care Busine ☐ Single Asset Real E ☐ Railroad (as defined ☐ Stockbroker (as def ☐ Commodity Broker 	ss (as defined in 11 U.S.C. § 101(27A)) state (as defined in 11 U.S.C. § 101(51 I in 11 U.S.C. § 101(44)) ined in 11 U.S.C. § 101(53A)) (as defined in 11 U.S.C. § 781(3))			
		B. Check all that apply Tax-exempt entity (as described in 26 U.S.C. §501) Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3) Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))				
		C NAICS (North Amori	can Industry Classification System) 4-d	igit code that host describes debter		
			urts.gov/four-digit-national-association-			
8.	Under which chapter of the Bankruptcy Code is the debtor filing?	Check one: Chapter 7 Chapter 9 Chapter 11. Check	Debtor's aggregate noncontingent liquid are less than \$2,566,050 (amount sure less than \$2,566,050 (amount s	uidated debts (excluding debts owed to insiders or affiliate bject to adjustment on 4/01/19 and every 3 years after that as defined in 11 U.S.C. § 101(51D). If the debtor is a small balance sheet, statement of operations, cash-flow turn or if all of these documents do not exist, follow the distribution from one or more classes of creditors, in reports (for example, 10K and 10Q) with the Securities an § 13 or 15(d) of the Securities Exchange Act of 1934. File to line in the Securities Exchange Act of 1934 Rule 12b-2.	t). all	
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	■ No. □ Yes.				
	separate list.	District	When	Case number		
		District	When	Case number		
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1,	■ No □ Yes.				
	List all cases. If more than 1, attach a separate list	Debtor		Relationship		
		District	When	Case number, if known		

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Debt	or	Highvest Corp.			Case number (if known					
		Name								
11.		y is the case filed in	Check all that apply:							
		diction	Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.							
			□ A	bankruptcy case concerning de	ebtor's affiliate, general partner, or partners	hip is pending in this district.				
12.	Doe	es the debtor own or	■ No							
	real	have possession of any real property or personal property that needs	Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.							
		nediate attention?		Why does the property need immediate attention? (Check all that apply.)						
				☐ It poses or is alleged to po	It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.					
				What is the hazard?		ther.				
				☐ It needs to be physically s	secured or protected from the weather.					
					ods or assets that could quickly deteriorate of meat, dairy, produce, or securities-related	or lose value without attention (for example, assets or other options).				
				☐ Other						
				Where is the property?						
					Number, Street, City, State & ZIP Code					
				Is the property insured?						
				□ No						
				☐ Yes. Insurance agency						
				Contact name						
				Phone						
		Ctatiatical and admini								
	_	Statistical and admini								
13.		tor's estimation of ilable funds	_	Check one:						
			_		istribution to unsecured creditors.					
			ı	After any administrative exp	enses are paid, no funds will be available to	unsecured creditors.				
14.	Esti	mated number of	■ 1-49		□ 1,000-5,000	□ 25,001-50,000				
	creditors	☐ 50-99	9	5001-10,000	5 0,001-100,000					
			1 00-1		□ 10,001-25,000	☐ More than100,000				
			□ 200-9	999						
15.			\$ 0 - \$	\$50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
			□ \$50,001 - \$100,000		□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion				
			□ \$100,001 - \$500,000			□ \$10,000,000,001 - \$50 billion				
			□ \$500,001 - \$1 million □ \$100,000,001 - \$500 million □ More than \$50 billion							
16.	Esti	mated liabilities	□ \$0 - \$	\$50,000	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
			☐ \$50,001 - \$100,000		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
				,001 - \$500,000	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion				
			⊔ \$500	,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				

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ebtor	Highvest Corp.		Case number (if known)				
	Request for Relief, Declaration, and Signatures						
VARNII		is a serious crime. Making a false statement in co up to 20 years, or both. 18 U.S.C. §§ 152, 1341,	connection with a bankruptcy case can result in fines up to \$500,000 or 1519, and 3571.				
7. Declaration and signature of authorized representative of debtor		The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. I have been authorized to file this petition on behalf of the debtor. I have examined the information in this petition and have a reasonable belief that the information is trued and correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on November 27, 2017					
	,	MM / DD / YYYY // Is/ R. Anthony Cozier Signature of authorized representative of debte Title President	R. Anthony Cozier Printed name				
8. Sign	nature of attorney	/s/ Angelo A Gasparri Signature of attorney for debtor	Date November 27, 2017 MM / DD / YYYY				
		Angelo A Gasparri 32158 Printed name Law Office of Angelo A Gasparri Firm name 1080 S Federal Highway Boynton Beach, FL 33435					
		Number, Street, City, State & ZIP Code	Email address				
		32158 Bar number and State					

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Fill in this information to identify the case:						
Debtor name Highvest Corp.						
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA	☐ Check if this is an				
Case number (if known):		amended filing				

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Von T Ruddle 6236 Coverty Place Vero Beach, FL 32966		4827 VILABELLA DR SEBRING, FL 33872		Unknown	\$42,000.00	Unknown
Wauchula State Bank PO Box 248 Wauchula, FL 33873		7220 US 27 N, 7322 US 27 N, 7406 U.S. 27 N, 7196 US 27 N Sebring FL 33870 305 Whately Blvd 123 CR 29 Lake Placid		\$1,500,000.00	Unknown	Unknown

Internal Revenue Service Post Office Box 21126 Philadelphia, PA 19114

Swaine & Harris P.A. 401 Dal Hall Blvd Lake Placid, FL 33852

Von T Ruddle 6236 Coverty Place Vero Beach, FL 32966

Wauchula State Bank PO Box 248 Wauchula, FL 33873