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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

293533

(6)

HILL-DONNELLY CORPORATION					
					<u> </u>
Principal Plac	e of Business	Mailing Address			
2602 S MACDILL AVE 2602 S MACDILL AVE					
PO BOX 14417 PO BOX 14417				DO NOT WRITE IN TH	IIS SPACE
TAMPA FL 33	690	TAMPA FL 33690		3. Date incorporated or Qualified	IIO OI NOL
				· '	
2. Principal P	lace of Business	2a, Mailing Address		06/02/1965 4. FEI Number	Applied For
21		26		59-1096868	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		10	Personal Property Tax due June 30.	YesNo
	e. Name and Address of Curre	nt Hegistereo Agent	81 Name	10. Name and Address of New Register	ea Agent
	L, Lee H, Jr		of Name		
	2 8 MACDILL AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	APA, FL		83		
336	29		63		
			84 City	-	85 Zip Code
44 Duramont	to the erouisines of Continue 607 00	Of and CO7 1509. Florida Statutor	the should payed east	Formation submits this statement for the number	
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by the corporal	poration submits this statement for the purposition's board of directors. Thereby accept the	e of changing its registered appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	and and the Plancheshile (MOTE)	Rogistered Agent signature requi	red when reinstating) DATI	<u> </u>
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	\$D	☐ DELE TE	11 THILE		☐ Change ☐ Addition
NAME	HILL, PATRICIA S.		1.2 NAME		-
STREET ADDRESS	2002 S MACDILL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY - ST - ZIP		
TITLE	VDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, DOROTHY S		2.2 NAME		
STREET ADDRESS	2602 S MACDILL AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		2. 4 CITY - ST - ZIP		
TITLE	PD	DELETE	3.1 TITLE		Change Addition
NAME	HILL, LEE H, IN		3.2 NAME		
STREET ADDRESS	2602 S MACDILL AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		3.4. CITY-ST-ZIP		
TITLE	¢D	☐ DELETE	4.1 TITLE		Change Addition
NAME	HILL, LEE H, JR		4. 2 NAME		
STREET ADDRESS	2602 S MACDILL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	T assess	4.4 CITY-ST-ZIP	<u></u>	
TITLE		☐ DELĒTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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.