

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

FILED

**Jan 22 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 # 404280 (0)

**1. Corporation Name
COTTAGE HILL ESTATES, INC.**



**Principal Place of Business
900 NORTH 12TH AVENUE
P.O. DRAWER 13207
PENSACOLA FL 32591-0207**

**Mailing Address
900 NORTH 12TH AVENUE
P.O. DRAWER 13207
PENSACOLA FL 32591-3207**

3. Date Incorporated or Qualified 06/30/1972 **3a. Date of Last Report 06/10/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1546877 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUND, CHARLES F.
900 NORTH 12TH AVENUE
PENSACOLA FL 32573**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

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]*

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUND, CHARLES F.	
STREET ADDRESS	900 NORTH 12TH AVENUE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CORRY, J.E.	
STREET ADDRESS	900 NORTH 12TH AVENUE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILHOIT, WILLIAM M.C.	
STREET ADDRESS	1711 EAST LAKEVIEW AVE.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORRY, J.E.	
STREET ADDRESS	900 NORTH 12TH AVENUE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILHOIT, WILLIAM M.C.	
STREET ADDRESS	1711 EAST LAKEVIEW AVE.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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, unchanged, or on an Attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97
Date Daytime Phone #

CR2E034 (9/96)