

**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 # **404486** (3)

1. Corporation Name  
**HIDDEN VALLEY PARK, INC.**



Principal Place of Business: **808 PARK AVE DE LEON SPRINGS FL 32130**  
Mailing Address: **808 PARK AVE DE LEON SPRINGS FL 32130**

3. Date incorporated or Qualified: **07/06/1972**  
3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **59-1399532**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent  
**SCHULER, RICHARD W  
808 PARK AVE  
DELEON SPRS, FLA  
DELEON SPRINGS FL 32130**

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 607.0607 and 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	SD	<input type="checkbox"/> DELETE
2. NAME	SCHULER, JEANE G	
3. STREET ADDRESS	808 PARK AVE	
4. CITY - ST - ZIP	DELEON SPRS, FL 00000	
5. TITLE	PD	<input type="checkbox"/> DELETE
6. NAME	SCHULER, RICHARD W	
7. STREET ADDRESS	808 PARK AVE	
8. CITY - ST - ZIP	DELEON SPRS, FL 00000	
9. TITLE	TD	<input type="checkbox"/> DELETE
10. NAME	BENNETT, DEANNA SCHULER	
11. STREET ADDRESS	808 PARK AVE	
12. CITY - ST - ZIP	DELEON SPGS FL	
13. TITLE	VD	<input type="checkbox"/> DELETE
14. NAME	SCHULER, MARK	
15. STREET ADDRESS	808 PARK AVE	
16. CITY - ST - ZIP	DELEON SPGS FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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 charged, or on an attachment with an address.

SIGNATURE: *Jeane Gibbs Schuler* 1/30/96 904-985-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)