

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

25 MAY -1 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 730270 (6)  
HILLHOUSE MANAGEMENT, INC.

Principal Place of Business: 601 W. OLD HWY., #441, PO BOX 1429, MOUNT DORA FLORIDA 32757  
Mailing Address: 601 W. OLD HWY., #441, PO BOX 1429, MOUNT DORA FLORIDA 32757

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1974  
3a. Date of Last Report: 06/02/1994

4. FEI Number: 59-1677904

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
LAWSON, JOHN Q.  
601 W OLD HWY 441 7B  
MT DORA FL 32757

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 this 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 typed or printed name of registered agent and filed applicable) (NOTE: Registered Agent signature required when substituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LAWSON, JOHN Q	TITLE: PD	NAME: Sutliff, Carl
STREET ADDRESS: 601 W. OLD HWY. 411 7-B	CITY, ST, ZIP: MOUNT DORA FL	STREET ADDRESS: 601 W. Old Hwy. 441, 2B	CITY, ST, ZIP: Mount Dora, FL 32757
TITLE: VD	NAME: COOK, DENTON	TITLE: V/D	NAME: Lawson, John Q.
STREET ADDRESS: 601 W. OLD HWY. 441 9A	CITY, ST, ZIP: MOUNT DORA FL	STREET ADDRESS: 601 W. Old Hwy. 441, 7B	CITY, ST, ZIP: Mount Dora, FL 32757
TITLE: TDS	NAME: DONOVAN, BETTY	TITLE: S/D	NAME: Bonollo, Gay
STREET ADDRESS: 601 W. OLD HWY 441 4-A	CITY, ST, ZIP: MOUNT DORA FL	STREET ADDRESS: 601 W. Old Hwy. 441, 6A	CITY, ST, ZIP: Mount Dora, FL 32757
TITLE: DD	NAME: BONOLLO, GAY	TITLE: T/D	NAME: Beverly G. Richards
STREET ADDRESS: 601 W. OLD HWY 441 6A	CITY, ST, ZIP: MOUNT DORA FL	STREET ADDRESS: 601 W. Old Hwy. 441, 9B	CITY, ST, ZIP: Mount Dora, FL 32757
TITLE: D	NAME: SUTLIFF, CARL	TITLE: D	NAME: Nation, James
STREET ADDRESS: 601 W. OLD HWY 441 2B	CITY, ST, ZIP: MOUNT DORA FL	STREET ADDRESS: 601 W. Old Hwy. 441, 1A	CITY, ST, ZIP: Mount Dora, FL 32757
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY, ST, ZIP:	STREET ADDRESS:	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 110.07(2)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: John Q. Lawson 4-27-95 904-383-7941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR