PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 841472 1. Corporation Name

HILDEBRANDT, INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State
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07-08-1999 90021 013

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									AN DIBIL DIBIL DI	
Principal Place of Business Mailing Address										
00 COTTONTA	IL LANE		COTTONTAIL LANE							
OMERSET NJ 08873			SOMERSET NJ 08873 US			DO NOT WRITE IN THIS SPACE				
§ US							3. Date Incorporated or Qualifed		*. "	$\overline{}$
							09/20/1978			
2. Principal P	ace of Business	2a.	Mailing Address				4. FEI Number		Apr	plied For
			26				13-2813131		No	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional	
2		27	27				5. Certifcate of Status Desired		Fee Re	quired
City & State	9	T -	City & State			-	6. Election Campaign Financing	7	\$5.00	May Be
3		28	28			Trust Fund Contribution		Added to	o Fees	
Zip	Country		Zip	Cou	intry		8. This corporation owes the current	year Inta	_=	
<u> </u>	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Currer	t Regist	ered Agent				10. Name and Address of New Regi	stered A	\gent	
CT C	ODDODATION SYSTEM				81	Name	•			į
	ORPORATION SYSTEM S. PINE ISLAND ROAD				82	Street Address (P.O. Box Number is Not Acceptable)				
	TATION FL 33324									
ruan	TATION FE 33324				83					}
					84	City			85 Zip C	ode
								<u>FL</u>		
 Pursuant office or re agent. La 	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 60 of Florid itions of,	37.1508, Florida Statut a. Such change was a Section 607.0505, Flo	es, the a uthorized rida Stat	bove by utes.	e-named co the corpora	orporation submits this statement for the puration's board of directors. I hereby accept the	e appoin	itment as rec	gistered
SIGNATURE	•									
	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTE	: Registered	l Agen	t signature requ		DATE		
12.	OFFICERS AN	ID DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
ITLE	PD		☐ DELETE	1.1 π	TLE				Change	☐ Addition
AME	AKINS, DONALD			1.2 N	AME					}
TREET ADDRESS	TREET ADDRESS 5811 PELICAN BAY BLVD, SUITE 200			1.3 \$1	1.3 STREET ADDRESS					
ITY-ST-ZIP	NAPLES FL 34108			1.4 CI	TY-SI	-ZIP				
TLE :	CD		☐ DELETE	2.1 Π	TLE	}			Change	Addition
AME	HILDEBRANDT, BRADFORD W			2.2 N/	AME					
TREET ADDRESS	5811 PELICAN BAY BLVD, SUI	TE 200		2.3 51	TREET	ADDRESS	•			Į.
ITY-ST-ZIP	NAPLES FL 34108			2.40	ITY-S	T-ZIP			~ <u></u> -	
πε	AS		☐ DELETE	3.1 TI	TLE				Change	☐ Addition
AME	CANFIELD, CHRISTINE F.			3.2 N	AME	ļ.				
TREET ADDRESS	200 COTTONTAIL LANE			3.3 S	TREET	ADDRESS				
TY-ST-ZIP	SOMERSET NJ 08873			_	ITY-S	T-ZIP				
πE ,	SD		☐ DELETE	4.1 77	TLE	Ì			Change	☐ Addition
¥ME	SANTANGELO, CHARLES J.			4. 2 N	AME					
REET ADDRESS	5811 PELICAN BAY BLVD, SUI	TE 200		4.3 S1	TREET	ADDRESS				
TY-ST-ZIP	NAPLES FL 34108			_	TY-S1	r-zie				
TLE	TDM		☐ DELETE	5.1 TI		1			Change	Addition
/ME	LEWIS, C RANDEL			5,2 N/						
REET ADDRESS	21583 MOUNTSFIELD DRIVE					ADDRESS				
TY-ST-ZIP	GOLDEN CO 80401			_	TY-ST	r-ZIP				
rle (☐ DELETE	6.1 T/					Change	☐ Addition
WE				6.2 N						
REET ADDRESS				6.3 ST	TREET	ADDRESS				

4. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

132-560-8888