

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # **N20878** (7)
1. Corporation Name
ROLLING HILLS, FLORIDA, INC.

Principal Place of Business Mailing Address
1701 ROBIE AVE P.O. BOX 1844
MT. DORA FL 32757 MT. DORA FL 32757
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1987** 3a. Date of Last Report **04/11/1994**
4. FEI Number **58-3018461** Applied For Not Applicable
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

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

9. Name and Address of Current Registered Agent
HOUSTON, LARRY D.
11203 S.E. 53RD CT.
P.O. BOX 208
BELLEVIEW FL 32620

10. Name and Address of New Registered Agent
81 Name **EDWARDS, PATRICIA**
82 Street Address (P.O. Box Number is Not Acceptable) **25438 PINE VALLEY DR.**
83
84 City **SORRENTO** FL 85 Zip Code **32776**

11. Pursuant to the provisions of Sections 607.0502 and 607.1603, 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 *Patricia Edwards* DATE **1/18/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSBORNE, JOHN W., JR.
STREET ADDRESS	19 SILVER DRIVE
CITY-ST-ZIP	UMATILLA FL
TITLE	STD
NAME	OSBORNE, DIANNE I.
STREET ADDRESS	19 SILVER DRIVE
CITY-ST-ZIP	UMATILLA FL
TITLE	D
NAME	EDWARDS, PATRICIA
STREET ADDRESS	25438 PINE VALLEY DR.
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OSBORNE, JOHN W., JR.
1.3 STREET ADDRESS	41329 SILVER DRIVE
1.4 CITY-ST-ZIP	UMATILLA FL 32784
2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OSBORNE, DIANNE I.
2.3 STREET ADDRESS	41329 SILVER DRIVE
2.4 CITY-ST-ZIP	UMATILLA FL 32784
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 person or persons 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, or on an attachment with an address.

SIGNATURE: *Patricia Edwards* PATRICIA EDWARDS 1/18/95 904-735-1844
Signature and typed or printed name of signing officer or director Date Daytime Phone #