

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Sep 03 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20878 (7)**  
 1. Corporation Name  
**Rolling Hills, Florida, Inc.**

Principal Place of Business <b>1701 Robie Ave. Mt. Dora, FL 32757</b>	Mailing Address <b>PO Box 1844 Mt. Dora, FL 32756</b>
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<b>3.</b> Date incorporated or Qualified <b>05/20/1987</b>	<b>3a.</b> Date of Last Report <b>03/04/1996</b>
<b>4.</b> FEI Number <b>58-3018461</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**Edwards, Patricia**  
**25438 Pine Valley Dr.**  
**Sorrento, FL 32776**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Osborne, John W. Jr.</b>	
STREET ADDRESS	<b>41329 Silver Drive</b>	
CITY-ST-ZIP	<b>Umatilla, FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>Osborne, Dianne I.</b>	
STREET ADDRESS	<b>41329 Silver Drive</b>	
CITY-ST-ZIP	<b>Umatilla, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Edwards, Patricia</b>	
STREET ADDRESS	<b>25438 Pine Valle Dr.</b>	
CITY-ST-ZIP	<b>Sorrento, FL 32776</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	
<b>13</b> STREET ADDRESS	
<b>14</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	<b>400002283714</b>
<b>6.3</b> STREET ADDRESS	<b>-09/03/97--01031--023 9-3</b>
<b>6.4</b> CITY-ST-ZIP	<b>***70.00</b>

**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 617, Florida Statutes; and that my name appears in Block 12 or Block 23 if changed, or on an attachment with an address.

**SIGNATURE** *Patricia Edwards* **Patricia Edwards** **08/25/1997** **(352)735-1844**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)