


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90086 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48075

1. Corporation Name

HERNANDO HILLS HL-LITES, INC.

Principal Place of Business

12387 SEAGATE ST
SPRING HILL FL 34609
US

Mailing Address

12387 SEAGATE ST
SPRING HILL FL 34609
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/27/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3023125	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HAHN, GAIL
12387 SEAGATE ST
SPRING HILL FL 34609

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACK, JEANNINE	1.2 NAME	
STREET ADDRESS	9148 GENEVA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMI, TESSIE	2.2 NAME	LONG, LINDA
STREET ADDRESS	13174 HAZELCREST	2.3 STREET ADDRESS	12473 Groveland Street
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, GENEVIEVE	3.2 NAME	RANDOLPH, RUTH
STREET ADDRESS	2099 FINLAND DR.	3.3 STREET ADDRESS	9744 Eldridge Drive
CITY-ST-ZIP	SPRING HILL FL 34609	3.4 CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAHLER, CECILIA	4.2 NAME	
STREET ADDRESS	10434 BEDFORD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MELANIE	5.2 NAME	ABRAMI, TESSIE
STREET ADDRESS	2151 DELTONA	5.3 STREET ADDRESS	2099 FINDLAND DR.
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	SPRING HILL, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, NORMA	6.2 NAME	
STREET ADDRESS	13169 HAZELCREST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	6.4 CITY-ST-ZIP	

14. 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 617, 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.

SIGNATURE: _____ **SIGNATURE REQUIRED**

March 29, 1999 (352) 683-4936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)