

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

12

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 JUL 25 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000081581 (8)**  
 1. Corporation Name  
**K.L. HILL MASONRY INCORPORATED**



Principal Place of Business <b>1132 S.W. MIDLAND LANE PORT ST. LUCIE FL 34953</b>	Mailing Address <b>1132 S.W. MIDLAND LANE PORT ST. LUCIE FL 34953</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1994</b>	3a. Date of Last Report <b>06/10/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0542054</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**HILL, KEVIN LANCE  
1132 S.W. MIDLAND LANE  
PORT ST. LUCIE FL 34953**

**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 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HILL, KEVIN L</b>
STREET ADDRESS	<b>1132 S.W. MIDLAND LANE</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HILL, DEBORAH E</b>
STREET ADDRESS	<b>1132 S.W. MIDLAND LANE</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>100002257061--7</b>
1.3 STREET ADDRESS	<b>-08/04/97--01160--001</b>
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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.

SIGNATURE \_\_\_\_\_

CFR2E034 (4/97)

2-2

To: DIVISION OF CORPORATIONS  
Subject: SECOND NOTICE  
GENTLEMEN;

I JUST RECEIVED A SECOND NOTICE ANNUAL REPORT SECTION. I HAVE NEVER RECEIVED THE FIRST ANNUAL REPORT SECTION. IF I WOULD OF RECEIVED THE FIRST ONE I WOULD OF PAID IT INSTEAD OF PAYING ADDITIONAL \$385.00. IT IS NOT SENSIBLE NOT TO PAY THE FIRST NOTICE. WE DO NOT WANT TO PAY THE ADDITIONAL FEE AND WE DO NOT WANT TO LOSE OUR COPORATION STATUS. PLEASE FIND ENCLOSED APPLICATION FEE OF \$165.00 AND ANNUAL REPORT

THANK YOU  
DEBORAH HILL  
561-336-9330

/ lines 1-21 of 21 /

PF 1=Help 2=Exit 3=Return 4=Mail 5=Ledit 6=IDs 7=Back 8=Fwd 9=Options EMCC0100  
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