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FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000081581 (8)

1. Corporation Name
K.L. HILL MASONRY INCORPORATED



Principal Place of Business: **1132 S.W. MIDLAND LANE PORT ST. LUCIE FL 34953**
 Mailing Address: **1132 S.W. MIDLAND LANE PORT ST. LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 16515 NW 203RD Street	26 16515 NW 203RD Street	65-0542054	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Okeechobee, FL	28 Okeechobee, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34902	25 US	29 34902	30 US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
16515 NW 203RD Street (address change)
 83
 84 City **Okeechobee** **FL** 85 Zip Code **34902**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Kevin L Hill* **Kevin L Hill**
Signature typed or printed name of registered agent and his firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KEVIN L	1.2 NAME	
STREET ADDRESS	1132 S.W. MIDLAND LANE	1.3 STREET ADDRESS	16515 NW 203RD ST
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	1.4 CITY-ST-ZIP	Okeechobee, FL 34902
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DEBORAH E	2.2 NAME	
STREET ADDRESS	1132 S.W. MIDLAND LANE	2.3 STREET ADDRESS	16515 NW 203RD ST
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	2.4 CITY-ST-ZIP	Okeechobee, FL 34902
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin L Hill* **Kevin L Hill**

4/20/98
561-260-0535
941-357-1299

CP2E034 (10/97)