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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **G86608** (8)

1. Corporation Name  
**HILLANDALE PARTNERS, INC.**

Principal Place of Business	Mailing Address
HWY 41 NORTH PO BOX 1700 LAKE CITY FL 32056-1700 US	HWY 41 NORTH PO BOX 1700 LAKE CITY FL 32056-1700 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/28/1984** 3a. Date of Last Report **02/17/1994**

4. FEI Number **59-2383271** 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**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**FERGUSON, DALE C.  
111 WEST MADISON ST  
LAKE CITY FL 32056**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAZEN, JACK E.
STREET ADDRESS	RT 2 BOX 3074
CITY - ST - ZIP	STARKE FL
TITLE	VD
NAME	BETHEL, ORLAND R.
STREET ADDRESS	16 WAVERLY DR.
CITY - ST - ZIP	GREENSBURG PA
TITLE	VD
NAME	MIZELL, W. DORMAN
STREET ADDRESS	HODGES RD.
CITY - ST - ZIP	CALLAHAN FL
TITLE	ST
NAME	WARD, JO N
STREET ADDRESS	SPRING HOLLOW BLVD.
CITY - ST - ZIP	LAKE CITY FL
TITLE	VD
NAME	HUNNICUTT, HOMER, JR.
STREET ADDRESS	4004 RAINES RD.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	STD
NAME	HAZEN, JACK E., JR.
STREET ADDRESS	2347 N. MILLER OAKS DR.
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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 any attachment with an address.

SIGNATURE: Jo N. Ward Jo N. Ward 1/17/95 (904) 755-1870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #