

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:24

DOCUMENT # 182773 (2)

**1. Corporation Name
HILL RANCH INC**

Principal Place of Business

Mailing Address

**P.O. BOX 107
331 SE AVENUE H
BELLE GLADE FL 33430**

**P.O. BOX 107
331 SE AVENUE H
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1955** **3a. Date of Last Report** **03/22/1994**
4. FEI Number **59-6062684** **Applied For** ☐
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, MAVIS, J
331 SE AVE H
BELLE GLADE FL 33430**

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 607.0503, Florida Statutes.

SIGNATURE

Mavis J. Hill
Signature, typed or printed name of registered agent and this if applicable

Mavis J. Hill

Feb. 16, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **HILL, HOWARD, E**
STREET ADDRESS **10881 ACME ROAD**
CITY - ST - ZIP **WEST PALM BEACH FL**
TITLE **VD**
NAME **HILL, MAVIS, J**
STREET ADDRESS **331 SE AVENUE H**
CITY - ST - ZIP **BELLE GLADE FL**
TITLE **STD**
NAME **KIDDER, BETTY, H**
STREET ADDRESS **1170 SUGAR SANDS #405**
CITY - ST - ZIP **RIVIERA BEACH FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP
31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP
51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. 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 110.07(3)(b), 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 an agent, or on an attached form with an addition.

SIGNATURE:

Mavis J. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mavis J. Hill

Feb. 16, 1995

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