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 MAY 31 AM 8:38

DOCUMENT # **216160** **(2)**

1. Corporation Name

HILL YORK SERVICE CORPORATION

Principal Place of Business	Mailing Address
2125 S. ANDREWS FT LAUDERDALE FL 33316	P. O. BOX 350155 FT LAUDERDALE FL 33335 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1958
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-0841945 ☐ 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 S. 199.032, Florida Statutes* ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

TRUESDEL, DONNIE B.
4660 SW 70TH TERRACE
FORT LAUDERDALE FL 33316

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, board or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name(s) changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	T ☒ Change ☐ Addition
NAME	WHALEN, WILLIAM H.	12 NAME	Bagley, Ellen M.
STREET ADDRESS	8531 SW 5TH STREET	13 STREET ADDRESS	2115 S. Andrews Ave
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	Ft Lauderdale, FL 33316
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	TRUESDEL, DONNIE B.	22 NAME	
STREET ADDRESS	6921 SW 56TH COURT	23 STREET ADDRESS	
CITY ST ZIP	DAVIE FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LAFFERTY, ROBERT S	32 NAME	
STREET ADDRESS	1730 SE 11TH STREET	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	— ☒ Change ☐ Addition
NAME	CARROLL, EVERETT G	42 NAME	—
STREET ADDRESS	19220 S ST ANDREWS DR	43 STREET ADDRESS	—
CITY ST ZIP	FORT LAUDERDALE, FL00000	44 CITY ST ZIP	—
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	KERNEY, MARK	52 NAME	
STREET ADDRESS	421 CHESTNUT LANE	53 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	LAFFERTY, ROBERT W.	62 NAME	
STREET ADDRESS	824 S RIO VISTA BLVD.	63 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	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 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: _____ 5/23/95 (305) 525 2971
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — Date — Daytime Phone #

0241302 CP