

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 216160 (2)

1. Corporation Name

HILL YORK SERVICE CORPORATION

Principal Place of Business

2125 S. ANDREWS  
FT LAUDERDALE FL 33316

Mailing Address

P. O. BOX 350155  
FT LAUDERDALE FL 33335  
US

3. Date Incorporated or Qualified  
10/06/1958

3a. Date of Last Report  
05/31/1995

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRUESDEL, DONNIE B.  
4680 SW 70TH TERRACE  
FORT LAUDERDALE FL 33316

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 607.1503, 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

Signature typed or printed name of registered agent, if applicable.

NOTE: Registered Agent signature required when replacing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME BAGLEY, ELDEN M  
STREET ADDRESS 2125 S ANDREWS AVE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS TRUESDEL, DONNIE B.  
CITY-ST-ZIP 6921 SW 56TH COURT  
DAVIE FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS LAFFERTY, ROBERT S  
CITY-ST-ZIP 1730 SE 11TH STREET  
FT. LAUDERDALE FL

TITLE ☒ DELETE  
NAME VD  
STREET ADDRESS CARROLL, EVERETT G  
CITY-ST-ZIP 19220 S ST ANDREWS DR  
FORT LAUDERDALE, FL 00000

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS KERNEY, MARK  
CITY-ST-ZIP 421 CHESTNUT LANE  
FT. LAUDERDALE FL

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS LAFFERTY, ROBERT W.  
CITY-ST-ZIP 824 S RIO VISTA BLVD.  
FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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)(k), 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 change of name or appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

Daytime Phone #

CR2E034 (12/95)