FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or d

SIGNATURE:

Apr 22 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 216160 (2) HILL YORK SERVICE CORPORATION Principal Place of Business Mailing Address 2125 S. ANDREWS P. O. BOX 350155 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33335 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified 10/08/1958 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 59-084 1945 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRUESDEL, DONNIE B. 4660 SW 70TH TERRACE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 83 84 City 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. (NCITE Registered Agent signature required when reinstating) are. Hypost or pointed name of regeneral agent and little if applicable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TIBLE BAGLEY, ELDEN M 1.2 NAME NAME 2125 S ANDREWS AVE 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-7IP Addition DELETE Change TATLE PD 2.1 TITLE TRUESDEL, DONNIE B. 2.2 NAME **6921 SW 56TH COURT** STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE LAFFERTY, ROBERT S NAME 3.2 NAME 1730 SE 11TH STREET STREET ADDRESS 3.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THLE KERNEY, MARK NAME 4. 2 NAME **421 CHESTNUT LANE** STREET ADORESS 4 3 STREET ADDRESS FT. LAUDERDALE FL. CHTY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Chappe Addition THILF 5.1 TITLE LAFFERTY, ROBERT W. NAME 5.2 NAME 824 S RIO VISTA BLVD. STREET ADDRESS 5.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 5 4 CITY - ST- ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP 14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FLORIDA DEPARTMENT OF STATE

FILED