

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # 260834

(7)

95 MAY 11 11 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HILLTOP, INC.

Principal Place of Business

Mailing Address

1033 WEST PINE STREET
P. O. BOX 430
AVON PARK FL 33825-7430

1033 WEST PINE STREET
P. O. BOX 430
AVON PARK FL 33825-7430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1962

3a. Date of Last Report

05/12/1994

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

County

Zip

County

24

25

29

30

4. FEI Number

59-1009660

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. 193.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING JR, ROBERT R
U.S. 27 SOUTH
AVON PARK FL 33825

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

(Agent or Registered Agent must sign and print name)

(If Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	KING JR, ROBERT R
STREET ADDRESS	U.S. 27 SOUTH
CITY, ST, ZIP	AVON PARK FL
TITLE	V
NAME	TOUCHTON, E G
STREET ADDRESS	U.S. 27 SOUTH
CITY, ST, ZIP	AVON PARK FL
TITLE	S
NAME	KING, MARIANA B
STREET ADDRESS	U.S. 27 SOUTH
CITY, ST, ZIP	AVON PARK FL
TITLE	D
NAME	KING, MARIANA B
STREET ADDRESS	U.S. 27 SOUTH
CITY, ST, ZIP	AVON PARK FL
TITLE	D
NAME	TOUCHTON, MARY JANE
STREET ADDRESS	U.S. 27 SOUTH
CITY, ST, ZIP	AVON PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 419.02(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee appointed 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 in the attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Robert R. King Jr

5/8/95

813-453-6634