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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 260834



## Katherine Harris

## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90174 011 \*\*\*150.00

HILLTOP, INC.									
						Í 1881 IS 1881 BRITA I			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address						,			
1033 WEST PINE STREET 1033 WEST PINE STREET									
P. O. BOX 430 P. O. BOX 430 AVON PARK FL 33825-7430 AVON PARK FL 33825-7430						DO NOT WRITE IN THIS SPACE			
,						3. Date Incorporated or Qualifed			
						07/12/1962			
Principal Place of Business     Za. Mailing Address						4. FEI Number		App	olied For
26					_	59-1009660	_		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
22 27								Fee Re	·
City & State City & State						6. Election Campaign Financing		\$5.00	
23 28 70			Country	,	<del></del>	Trust Fund Contribution Added to Fees			
			_ `			8. This corporation owes the current year intangible Personal Property Tax. Yes No			
24 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
7. Hame and Address of Current registered Agent				N	ame				
KING JR,ROBERT R						At any (D.O. Day Nambos is Not Apposite No.)			
U.S. 27 SOUTH			82	Street Address (P.O. Box Number is Not Acceptable)					
AVON PARK FL 33825			83	t		<del></del>	— <del>-</del>		
				<u> </u>			_	85 Zip C	obo.
` ` .			84	Ci	ty	,	FL	.   <b>85</b>   Zip C	OGO
11. Pursuant	to the provisions of Sections 607.050	, the above	e-na	med corpor	ration 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 and title if applicable. (NOTE: Regi					ature required	when reinstating)	DATE	D DIDECTO	00 111 40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	-FICERS AN	☐ Change	Addition
TITLE				1.1 TITLE				Clougha	
NAME .				1.2 NAME					
STREET ADDRESS	3.3. 2. 33311.			1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE			2.2 NAME						_
NAME	1000110112			2.3 STREET ADDRESS					ļ
STREET ADDRESS	111044 04514 51			2.4 CITY-ST-ZIP					
CITY-ST-ZIP			3.1 TITLE	31-ZIF				Change	☐ Addition
NAME			3.2 NAME						
STREET ADORESS	U.S. 27 SOUTH		3.3 STREE	T ADD	RESS				,
CITY-ST-ZIP	AVON PARK FL		3.4. CITY-S		1				
TITLE			4.1 TITLE					☐ Change	☐ Addition
NAME	T		4.2 NAME		- [				
STREET ADDRESS	U.S. 27 SOUTH		4.3 STREE	TADD	RESS				
CITY-ST-ZIP	A LONG TO THE STATE OF THE STAT			T-ZIP					
TITLE			5.1 TITLE					Change	Addition
NAME	TOUCHTON, MARY JANE		5.2 NAME			• .			
STREET ADDRESS	NESS 4:4 El 404111		1	STREET ADDRESS					
CITY-ST-ZIP	AVOINTAINTE			T-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE	<u> </u>	DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby 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 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS