

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candice B. McCreary  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

59 MAY 11 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 288129 (0)

1. Corporation Name  
**LANHILL CORP.**

Principal Place of Business Mailing Address  
**865 NORTH DIXIE HWY  
PO BOX 3318  
LANTANA FL 33465**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1964** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1086402** Applied For  Not Applicable

22. Suite, Apt. # etc. 27. Suite, Apt. # etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip 25. County 29. Zip 30. County

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TWITTY, SUSAN P  
865 NORTH DIXIE HIGHWAY  
LANTANA FL 33465**

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

(Signature, Name of Current Agent, Registered Agent and the Corporation)

(Signature, Name of New Agent (if applicable) and the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **SD**  
NAME **TWITTY, SUSAN P**  
STREET ADDRESS **865 N DIXIE HWY**  
CITY, ST, ZIP **LANTANA FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE **PCD**  
NAME **HILLBRATH, ARTHUR S JR**  
STREET ADDRESS **865 N. DIXIE HWY**  
CITY, ST, ZIP **LANTANA FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE **VP**  
NAME **HILLBRATH, DOUGLAS S**  
STREET ADDRESS **865 N DIXIE HWY**  
CITY, ST, ZIP **LANTANA FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(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, 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 in an attachment with an address.

SIGNATURE:

**Douglas S. Hillbrath, V.P.** 4-26-95 407-582-1044

SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR