

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **342544** (4)  
1. Corporation Name  
**HILLSMAN MODULAR MOLDING, INC.**

Principal Place of Business Mailing Address  
**895 BUFFALO RD. 895 BUFFALO RD.**  
**TITUSVILLE FL 32796 TITUSVILLE FL 32796**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1969** 3a. Date of Last Report **04/04/1994**  
4. FEI Number **59-1269924** 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  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**HILLSMAN, DORIS**  
**4795 MEADOW GREEN RD**  
**MIMS FL 32754**

10. Name and Address of New Registered Agent  
81. Name **RODNEY HILLSMAN**  
82. Street Address (P.O. Box Number is Not Acceptable) **4740 MEADOW GREEN ROAD**  
83. City **MIMS** FL 85. Zip Code **32754**

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 *Rodney Hillsman* DATE **4/24/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b>
NAME	<b>SPEAR, SHERRY L.</b>
STREET ADDRESS	<b>4109 SPRUCE STREET</b>
CITY- ST- ZIP	<b>MIMS FL</b>
TITLE	<b>DPS</b>
NAME	<b>HILLSMAN, DORIS A</b>
STREET ADDRESS	<b>4795 MEADOW GREEN RD</b>
CITY- ST- ZIP	<b>MIMS, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>HILLSMAN, RODNEY A.</b>
STREET ADDRESS	<b>4740 MEADOW GREEN RD</b>
CITY- ST- ZIP	<b>MIMS FL</b>
TITLE	<b>VD</b>
NAME	<b>HILLSMAN, CYRUS C.</b>
STREET ADDRESS	<b>4795 MEADOW GREEN RD</b>
CITY- ST- ZIP	<b>MIMS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>DELETE DORIS HILLSMAN</b>
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>P/C</b>
33. STREET ADDRESS	<b>RODNEY A. HILLSMAN</b>
34. CITY- ST- ZIP	<b>4740 MEADOW GREEN ROAD</b> <b>MIMS, FL 32754</b>
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	<b>V/D</b>
53. STREET ADDRESS	<b>PAMELA K. MYERS</b>
54. CITY- ST- ZIP	<b>236 SEMINOLE STREET</b> <b>TITUSVILLE, FL 32780</b>
61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	<b>S/T</b>
63. STREET ADDRESS	<b>CHERYL GILMORE</b>
64. CITY- ST- ZIP	<b>895 BUFFALO ROAD</b> <b>TITUSVILLE, FL 32796</b>

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 changed, or on an attachment with an address.

SIGNATURE: *Cheryl Gilmore* *Cheryl Gilmore* DATE **04-24-95** (407) 269-9040  
Signature and typed or printed name of signing officer or director