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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90119 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **342544**

1. Corporation Name
HILLSMAN MODULAR MOLDING, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **03/06/1969**

4. FEI Number: **59-1269924**

5. Certificate of Status Desired: Applied For Not Applicable
\$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent
RODNEY HILLSMAN
4740 MEADOW GREEN RD
MIMS FL 32754

10. Name and Address of New Registered Agent
 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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: VD DELETE
 NAME: **SPEAR, SHERRY L.**
 STREET ADDRESS: **4109 SPRUCE STREET**
 CITY-ST-ZIP: **MIMS FL**

TITLE: PC DELETE
 NAME: **HILLSMAN, RODNEY A.**
 STREET ADDRESS: **4740 MEADOW GREEN RD**
 CITY-ST-ZIP: **MIMS FL**

TITLE: VD DELETE
 NAME: **HILLSMAN, CYRUS C.**
 STREET ADDRESS: **4795 MEADOW GREEN RD**
 CITY-ST-ZIP: **MIMS FL**

TITLE: VD DELETE
 NAME: **MYERS, PAMELA K**
 STREET ADDRESS: **236 SEMINOLE ST**
 CITY-ST-ZIP: **TITUSVILLE FL**

TITLE: ST DELETE
 NAME: **GILMORE, CHERYL**
 STREET ADDRESS: **895 BUFFALO RD**
 CITY-ST-ZIP: **TITUSVILLE FL**

TITLE: _____ DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS: **2600 Clearlake Rd 106**
 3.4 CITY-ST-ZIP: **Cocoa FL 32922**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS: **2390 LaGrange Rd**
 4.4 CITY-ST-ZIP: **Titusville FL 32796**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Parasol** **REQUIRES** **2-19-99** **(407) 269-9040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)