

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **369375**

(1)

1. Corporation Name

HILL OLDSMOBILE - NISSAN, INC.

Principal Place of Business

401 SIXTH ST S W
WINTER HAVEN FL 33880

Mailing Address

401 SIXTH ST S W
WINTER HAVEN FL 33880-3321

3. Date Incorporated or Qualified

09/04/1970

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1301512

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HILL JR., JAMES W.
1000 ISLAND WAY
WINTER HAVEN FL 33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	HILL, SHIRLEY B.	
STREET ADDRESS	1000 ISLAND WAY	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE	ST	☒ DELETE
NAME	WATSON, MARIE J.	
STREET ADDRESS	132 CROTON RD.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DP	☐ DELETE
NAME	HILL, JR JAMES	
STREET ADDRESS	1000 ISLAND WAY	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	33884
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	V ST
2.3 STREET ADDRESS	TIMOTHY J HILL
2.4 CITY - ST - ZIP	310 Lochow Circle SE Winter Haven FL 33884
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33884
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do 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 addition thereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97
Date

Signature
Daytime Phone #

0391202

CR2E034 (9/96)