

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 404280

(0)

1. Corporation Name

COTTAGE HILL ESTATES, INC.

Principal Place of Business

900 NORTH 12TH AVENUE  
P.O. DRAWER 13207  
PENSACOLA FL 32591-0207

Mailing Address

900 NORTH 12TH AVENUE  
P.O. DRAWER 13207  
PENSACOLA FL 32591-3207

3. Date Incorporated or Qualified

06/30/1972

3a. Date of Last Report

06/10/1996

4. FEI Number

59-1546877

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

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

GUND, CHARLES F.  
900 NORTH 12TH AVENUE  
PENSACOLA FL 32573

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 of registered agent or of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GUND, CHARLES F.  
STREET ADDRESS 900 NORTH 12TH AVENUE  
CITY - ST - ZIP PENSACOLA FL

TITLE V ☐ DELETE

NAME CORRY, J.E.  
STREET ADDRESS 900 NORTH 12TH AVENUE  
CITY - ST - ZIP PENSACOLA FL

TITLE V ☐ DELETE

NAME WILHOIT, WILLIAM M.C.  
STREET ADDRESS 1711 EAST LAKEVIEW AVE.  
CITY - ST - ZIP PENSACOLA FL

TITLE TD ☐ DELETE

NAME CORRY, J.E.  
STREET ADDRESS 900 NORTH 12TH AVENUE  
CITY - ST - ZIP PENSACOLA FL

TITLE SD ☐ DELETE

NAME WILHOIT, WILLIAM M.C.  
STREET ADDRESS 1711 EAST LAKEVIEW AVE.  
CITY - ST - ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 as changed, or on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)