

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:35

DOCUMENT # 570232 (9)
1. Corporation Name
MILL HAMMOCK DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
**4400 SW 20TH AVENUE 4400 SW 20TH AVENUE
GAINESVILLE FL 32607 GAINESVILLE FL 32607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/24/1978** 3a. Date of Last Report **03/10/1994**
4. FEI Number **59-1832813** 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 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**ESPOSITO, ROCCO, JR
4400 SW 20TH AVENUE
GAINESVILLE FL 32607**

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 person or printed name of registered agent and the corporation) (If the Registered Agent signature is required when registering) (C.A.T.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	ESPOSITO, ROCCO, JR	1.2 NAME	
STREET ADDRESS	6420 NW 56TH LANE	1.3 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	1.4 CITY ST ZIP	- 32653
TITLE	SD	2.1 TITLE	☐ Change ☒ Addition
NAME	ESPOSITO, SUSAN R	2.2 NAME	
STREET ADDRESS	6420 NW 56TH LANE	2.3 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	2.4 CITY ST ZIP	- 32653
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 139.07(3)(b), Florida Statutes. Further certify that the information is stated in the annual report or supplemental annual report as 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 conduct the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an affidavit with an address.

SIGNATURE: *Rocco Esposito Jr* **ROCCO ESPOSITO JR** 11 Jan 95 904 373 8754
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR