

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 608792 (8)

1. Corporation Name

NORMAN HILL FLORIDA, INC.



Principal Place of Business

1824 DELANEY AVE  
P.O. BOX 561418  
ORLANDO FL 32856

Mailing Address

1824 DELANEY AVE  
P.O. BOX 561418  
ORLANDO FL 32856

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1979

3a. Date of Last Report

03/01/1995

4. FEI Number

59-1931030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

HEFLIN, BRENDA  
1824 DELANEY AVE.  
ORLANDO FL 32806

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 required for printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PO	<input type="checkbox"/> DELETE
2. NAME	HILL, NORMAN	
3. STREET ADDRESS	250 SHEPPARD AVE E #300	
4. CITY - ST - ZIP	WILLOWDALE, ONT, CANADA	
5. TITLE	ST	<input type="checkbox"/> DELETE
6. NAME	HILL, NORMAN	
7. STREET ADDRESS	250 SHEPPARD AVE E #300	
8. CITY - ST - ZIP	WILLOWDALE, ONT, CANADA	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY - ST - ZIP	
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY - ST - ZIP	
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY - ST - ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY - ST - ZIP	
17. 17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. 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 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.

NORMAN HILL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)