SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **610867** **(4)**

1. Corporation Name
GOLDEN HILLS, INC.

Principal Place of Business	Mailing Address
998 E. HIGHWAY 50 P.O. BOX 120659 CLERMONT FL 34712-7659	998 E. HIGHWAY 50 P.O. BOX 120659 CLERMONT FL 34712-7659

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1979	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2189006	☐ 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 2205 S.Orange Ave.	25 P. O.Box 120659
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Orlando, FL	City & State: 28 Clermont, FL
Zip: 24 32806 Country: 25 Orange	Zip: 29 34712-0659 Country: 30 Lake

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUFF R L 824 MICHIGAN AVE GROVELAND FL 34736	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 15340 Sullivan Road 83: P. O. Box 120659 84 City: Clermont FL 85 Zip Code: 34712-0659

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PV	11 TITLE		☒ Change ☐ Addition
NAME	HUFF, R L	12 NAME		
STREET ADDRESS	1130 LINTON CT	13 STREET ADDRESS	15340 Sullivan Road	
CITY-ST-ZIP	CLERMONT, FL 00000	14 CITY-ST-ZIP	Clermont, FL 34711	
TITLE	DS	21 TITLE		☒ Change ☐ Addition
NAME	HUFF, BARBARA M	22 NAME		
STREET ADDRESS	824 MICHIGAN AVE	23 STREET ADDRESS	15340 Sullivan Road	
CITY-ST-ZIP	GROVELAND FL	24 CITY-ST-ZIP	Clermont, FL 34711	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Barbara M. Huff Barbara M. Huff July 21, 1995 (407)423-1587
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0170417 FP