SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 618389 (1)DURRANCE HATCHELL HILL, INC. Principal Place of Business Mailing Address 5001 S. FLORIDA AVE. (33813) 5001 S. FLORIDA AVE. (33813) P.O. BOX 5647 P.O. BOX 5647 LAKELAND FL 33807 LAKELAND FL 33807 3. Date incorporated or Qualified 3a. Date of Last Report 04/23/1979 03/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1956541 Not Applicable Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Cert ficate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Zm Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name DURRANCE, W RALPH JR 5001 S. FLORIDA AVE. Street Address (P.O. Box Number is Not Acceptable) 82 LAKELAND FL 33813 83 84 City 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type for printed name of registered agent and life if applicable. INOTE Registered Agent is gradure required when reinstating? OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE **PST** DELETE 1 1 TITLE Change Addition NAME DURRANCE, RALPH W. JR. 1.2 NAME CR2E034 STREET ADDRESS 5001 S. FLORIDA AVE. 1.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 1.4 CITY - ST- ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIF 5 4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS. 6 3 STREET ADDRESS CITY-ST-ZIP 64 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)(x). Florida Statutes 1 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 that my name appears in Block 12 or Block 13 or Block 14 or Block 14 or Block 14 or Block 15 or

SIGNATURE:

6/27/96 941 647-509