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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name 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 DO NOT WRITE IN THIS SPACE LAKELAND FL 33807 LAKELAND FL 33807 3. Date Incorporated or Qualified 04/23/1979 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1956541 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate 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 Zip Country Ζıρ Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 □ No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DURRANCE, W RALPH JR 5001 S. FLORIDA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 В4 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 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PST 1.1 TITLE ☐ Change Addition DURRANCE, RALPH W. JR. NAME 1.2 NAME STREET ADDRESS 5001 S. FLORIDA AVE. 1.3 STREET ADDRESS AKELAND FL CITY-ST-ZIP 1.4 CITY-ST-7IP TITLE DELETE 21 101 6 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SY-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Addition Change NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-S1-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I 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 of the receiver of trustee in powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of on an exact ment with a address.

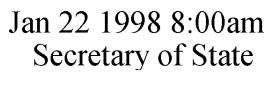
TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED



Change

☐ Addition