

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **725600**

(1)

1. Corporation Name

BUNKER HILL, INC.



Principal Place of Business

Mailing Address

1051 S. HIGHLAND ST.
PO BOX 1303
MT DORA FL 32757

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PO BOX 1303
MT DORA FL 32757

3. Date Incorporated or Qualified
02/20/1973

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1890264

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEL G. POTTER
196 W. 5TH AVE.
MOUNT DORA FL 32757**

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 617.0502 and 617.1508, 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 617.0503, 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 **P** ☐ DELETE
NAME **LOGSDON, DWIGHT**
STREET ADDRESS **1051 S HIGHLAND ST**
CITY-ST-ZIP **MT DORA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MANZI, J. P.**
STREET ADDRESS **1051 S. HIGHLAND ST.**
CITY-ST-ZIP **MT DORA, FL 00000**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **CEIGA, EDWARD**
STREET ADDRESS **1051 S. HIGHLAND ST.**
CITY-ST-ZIP **MT DORA, FL 00000**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **FINAN, AUSTIN**
STREET ADDRESS **1051 S. HIGHLAND ST.**
CITY-ST-ZIP **MT DORA, FL 00000**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GOTTWICK, MARJORIE**
STREET ADDRESS **1051 S. HIGHLAND ST.**
CITY-ST-ZIP **MT DORA, FL 00000**

5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **RISSE, AUSTIN**
STREET ADDRESS **1051 S. HIGHLAND ST.**
CITY-ST-ZIP **MT DORA, FL 00000**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **BITTNER, RUDOLPH**
6.3 STREET ADDRESS **1051 S. HIGHLAND ST.**
6.4 CITY-ST-ZIP **MT DORA, FL**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Ceiga

Edward Ceiga

02/09/96

352-383-6291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)