FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762426** (5)

1. Corporation Name
HILLCREST ESTATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
39101 HEALTH DR. ZEPHYRHILLS FL 33540	39101 HEALTH DR. ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified: **03/15/1982**
3a. Date of Last Report: **02/16/1994**
4. FEI Number: **65-0017982**
Applied For (NOT Applicable)

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
TRUELSEN, ELAINE M. 39116 HILLCREST DR. ZEPHYRHILLS FL 33540	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE P	P	☒ Change ☐ Addition
NAME	MURPHY, THOMAS	1.2 NAME	Tom Doyle	
STREET ADDRESS	38105 HEATH DR.	1.3 STREET ADDRESS	39207 Heath Dr.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	1.4 CITY-ST-ZIP	Zyphrhills, Fla. 33540	
TITLE	D	2.1 TITLE V	V	☒ Change ☐ Addition
NAME	ELLIOTT, LOUIS	2.2 NAME		
STREET ADDRESS	39124 HEATH DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LAPLANT, CHARLES	3.2 NAME		
STREET ADDRESS	39117 HEATH DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE D	D	☒ Change ☐ Addition
NAME	ERENETTE, DENNIS	4.2 NAME		
STREET ADDRESS	39046 HILLCREST DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	4.4 CITY-ST-ZIP		
TITLE	ST	5.1 TITLE		☐ Change ☐ Addition
NAME	TRUELSEN, ELAINE M.	5.2 NAME		
STREET ADDRESS	39116 HILLCREST DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE D	D	☒ Change ☐ Addition
NAME	WILSON, RALPH	6.2 NAME		
STREET ADDRESS	39107 HILLCREST DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELAINE M. TRUELSEN Elaine M. Truelsen 1-16-95 813-788-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000161