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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90167 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762426**

1. Corporation Name

**HILLCREST ESTATES, INC.**

Principal Place of Business

**HILLCREST ESTATE, INC.**  
**ZEPHYRHILLS FL 33540**  
**US**

Mailing Address

**39101 HEATH DR.**  
**ZEPHYRHILLS FL 33540**  
**US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/15/1982
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0017982
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**TRUELSEN, ELAINE M.**  
**39116 HILLCREST DR.**  
**ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent

81 Name	Phyllis R. Doyle
82 Street Address (P.O. Box Number is Not Acceptable)	39207 HEATH DR.
83	
84 City	ZEPHYRHILLS FL
85 Zip Code	33540

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 Phyllis R. Doyle Phyllis R. Doyle Feb. 3-99  
(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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	THOMAS S. DOYLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, ALICE	1.2 NAME	
STREET ADDRESS	39047 HEATH DRIVE	1.3 STREET ADDRESS	39207 HEATH DR.
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIXT, DONALD	2.2 NAME	LOIS POPP
STREET ADDRESS	39112 HEATH DRIVE	2.3 STREET ADDRESS	39021 HILLCREST DR.
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ANNA	3.2 NAME	MURPHY ANNA
STREET ADDRESS	39100 HEATH DRIVE	3.3 STREET ADDRESS	39100 HEATH DR.
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, BLANCH	4.2 NAME	STEVE HARRIMAN
STREET ADDRESS	39150 HEATH DRIVE	4.3 STREET ADDRESS	39030 HEATH DR.
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIMAN, DIANNA E	5.2 NAME	PHYLLIS R DOYLE
STREET ADDRESS	39030 HEATH DRIVE	5.3 STREET ADDRESS	39207 HEATH DR.
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, ED	6.2 NAME	JAMES HICKS
STREET ADDRESS	39152 HILLCREST DRIVE	6.3 STREET ADDRESS	39040 HILLCREST DR.
CITY-ST-ZIP	ZEPHYRHILLS FL	6.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540

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 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, with all other like empowered.

SIGNATURE: Phyllis R. Doyle REINHOLD R. DOYLE FEB 3-99 813-782-0767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)