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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05850

(5)

HILL GROVE DEVELOPMENT, INC.

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|   |
|   |

| Principal Place of Businoss Mailing Address  |  |   |                        | T HODINGO SHIL OUTDI DILEK TOLOF OLILI ABAN BERIK OLOFI |  |  |
|--|--|---|------------------------|---|--|--|
| 401 FERGUSON DRIVE<br>ORLANDO FL 32805-1009<br>US  |  | 401 FERGUSON DRIVE<br>ORLANDO FL 32805-1009<br>US | ORLANDO FL 32805-1009  |   | DO NOT WRITE IN THIS SPACE   |  |
|  |  |   |                        |   | 3. Date Incorporated or Qualified  |  |
| 9 Principal P  | lace of Business                                   | 2a. Mailing Address                               |                        |   | 11/18/1980<br>4. FEI Number Applied For  |  |
| 21 21  | iace of positions                                  | 26. Walling Address                               |                        |   | 4. FEI Number Applied For<br>59-2242913 Not Applicable   |  |
| Suite, Apt.  | Suite, Apt. #, etc.                                |   |                        | S8.75 Additional  |  |  |
| 22   |  | 27  |                        |   | 5. Certificate of Status Desired Fee Required  |  |
| City & State   | City & State City & State                          |   |                        | ,   | 6. Election Campaign Financing \$5.00 May Be   |  |
| 23   |  | 28  |                        |   | Trust Fund Contribution Added to Fees  |  |
| Zip  | Country  | Zip   | Country                | '   | 8. This corporation owes or has paid the current year Intangible   |  |
| 24   | 25 25 Name and Address of Curre                    |   | 10                     |   | Personal Property Tax due June 30. Li Yes XX No  10. Name and Address of New Registered Agent  |  |
|  |  | in riogistored Agent                              | 81                     | Name  | The second secon |  |
|  | GUA, JEFFRY B.                                     |   |                        |   |  |  |
|  | F <b>er</b> guson dr<br>Lando Fl Fl 32805          |   | 82                     | Street  | eet Address (P.O. Box Number is Not Acceptable)  |  |
| 00   | DAMPO FL FL 32003                                  |   | 83                     |   |  |  |
|  |  |   |                        |   | 12-1-7-0-1   |  |
|  |  |   | 84                     | City  | FL 85 Zip Code   |  |
| office or r  | egistered agent, or both, in the Stat              | e of Florida. Such change was au                  | ithorized by           | the cor   | ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered  |  |
| agent. I a   | m familiar with, and accept the obliq              | gations of, Section 607.0505, Flori               | ida Statutes           | <b>3</b> .  |  |  |
| SIGNATURE  | Signature, typied or printed name of registered as | ment and tote diamolecular (NOTE                  | Begistered Age         | int signatur  | alure required when reinstating) DATE  |  |
| 12,  |  | ND DIRECTORS                                      | 13.                    |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE  | POST   | ☐ DELET <b>e</b>                                  | 1.1 TITLE              |   | Change & Addition  |  |
| NAME   | FUQUA, JEFFRY B                                    |   | 1.2 NAME               |   |  |  |
| STREET ADDRESS   | 401 FERGUSON DR.                                   |   | 1.3 STREE1             | ADDRESS   |  |  |
| CITY-ST-ZIP  | ORLANDO FL   |   | 1.4 CITY - S1 - ZIP    |   | 32805  |  |
| TITLE  |  | L) DELETE   | 2.1 TITLE              |   | Change Addition  |  |
| NAME   |  |   | 2.2 NAME               |   |  |  |
| STREET ADDRESS   |  |   | 2.3 STREET             |   | SS   |  |
| CITY-ST-ZIP  |  | DELETE  | 2. 4 CITY - 5          | ST-ZIP  | Change Addition  |  |
| TITLE  |  | ריי מניניוני                                      | 3.5 TITLE              |   | Li cixinge Li Xuuxuui  |  |
| NAME<br>STREET ADDRESS   | [  |   | 3.2 NAME<br>3.3 STREET | ADODESE   | er   |  |
| CITY-ST-ZIP  |  |   | 3.4. CITY - S          |   | 33   |  |
| TITLE  |  | DELETE  | 4.1 TITLE              | 91. Th  | Change Addition  |  |
| NAME   |  | 4.  |                        |   | _ , _  |  |
| STREET ADDRESS   |  |   | 4.3 STREET             | ADDRESS   | ss   |  |
| CITY-ST-ZIP  |  |   | 4.4 CITY-S             |   |  |  |
| TITLE  |  | DELETE 5.   |                        |   | Change Addition  |  |
| NAME   |  |   | 5.2 NAME               |   |  |  |
| STREET ADDRESS   |  |   | 5.3 STREFT             | ADDRESS   | ss j   |  |
| CITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·              | · · · · · · · · · · · · · · · · · · ·             | 5.4 CITY-S             | 1 - ZIP   |  |  |
| TITLE  |  | L_J DELETE  | 6.1 TITLE              |   | Change Addition  |  |
| NAME   |  |   | 6.2 NAME               |   |  |  |
| STREET ADORESS   |  |   | 63 STREET              |   | SS   |  |
| CITY-ST-ZIP  | pertily that the information supplied              | with this filing does not qualify for             | the exemp              |   | lated 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 trusted ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an officenest with an address. |  |   |                        |   |  |  |