


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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06447 (9) 1. Corporation Name HARTRIDGE HILLS, INC.					
Principal Place of Business 595 6TH ST NW WINTER HAVEN FL 33881			Mailing Address 595 6TH ST NW WINTER HAVEN FL 33881		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1980	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2050552	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
9. Name and Address of Current Registered Agent BURR, JOHN W, JR 595 6TH ST NW WINTER HAVEN FL 33880			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 FL			86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME BURR, JOHN W SR					
1.3 STREET ADDRESS 836 LAKE ELBERT CT NE					
1.4 CITY - ST - ZIP WINTER HAVEN FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME PD					
2.3 STREET ADDRESS CARTER, WILLIAM L., JR.					
2.4 CITY - ST - ZIP 622 AVE D SE					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME ST					
3.3 STREET ADDRESS BENNETT, J. JULIAN					
3.4 CITY - ST - ZIP 116 W. CENTRAL AVE.					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

John W. Burr, Sr. 1/6/98 (941) 293-4270

CR2E034 (10/97)