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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F25680** **(2)**

1. Corporation Name

SAMUEL R. HILLMAN, P.A.

Principal Place of Business	Mailing Address
13580 49TH STREET. NORTH SUITE 4-A CLEARWATER FL 34620	13580 49TH STREET SUITE 4-A CLEARWATER FL 34620 US

3. Date Incorporated or Qualified: **03/17/1981**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business
21: 5701 NICHOLSON DR.
22: Suite, Apt. #, etc
23: City & State: HUDSON, OHIO
24: Zip: 44236
25: Country: USA

2a. Mailing Address
26: 5701 NICHOLSON DR.
27: Suite, Apt. #, etc.
28: City & State: HUDSON, OHIO
29: Zip: 44236
30: Country: USA

4. FEI Number: **59-2159847** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

HILLMAN, SAMUEL R.
13580 49TH STREET, NO
SUITE 4-A
CLEARWATER FL 34620

PRESS, JAN ANDREW
13973 ICOT BOULEVARD
SUITE 800
CLEARWATER, FLA
34620

10. Name and Address of New Registered Agent

81 Name: ~~HILLMAN, SAMUEL R.~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~5701 NICHOLSON DR.~~
83
84 City: ~~HUDSON, OHIO~~ 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: [signature] 5/16/96
Signature of president or principal name of registered agent, if change applicable — NOTE: Registered Agent's signature required when making change — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HILLMAN, SAMUEL R. 416 DREW STREET CLEARWATER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSD HILLMAN, SAMUEL R. 5701 NICHOLSON DR. HUDSON, OHIO 44236	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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

SIGNATURE: [signature] SAMUEL R. HILLMAN — MAY 14, 1996 (216) 463-5405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #