

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F92000000909 (3)

1. Corporation Name

H-L INCOME PROPERTIES - ORLANDO, INC.



Principal Place of Business

Mailing Address

P.O. BOX 32760  
LOUISVILLE KY 40232

P.O. BOX 32760  
LOUISVILLE KY 40232

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/29/1992

3a. Date of Last Report

01/24/1995

4. FEI Number

61-0979278

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0507 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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	NAME	DELETED
TITLE	P	<input type="checkbox"/>
NAME	MARTIN, GERALD R	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. 4TH STREET	
CITY- ST- ZIP	LOUISVILLE KY 40202	
TITLE	V	<input type="checkbox"/>
NAME	STITES, WINTHROP A	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. 4TH STREET	
CITY- ST- ZIP	LOUISVILLE KY 40202	
TITLE	SD	<input type="checkbox"/>
NAME	STONE, JAMES C	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. 4TH STREET	
CITY- ST- ZIP	LOUISVILLE KY 40202	
TITLE	TD	<input type="checkbox"/>
NAME	ROSE, JEFFREY W	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. 4TH STREET	
CITY- ST- ZIP	LOUISVILLE KY 40202	
TITLE	CD	<input type="checkbox"/>
NAME	PAMPLIN, GILBERT L	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. 4TH STREET	
CITY- ST- ZIP	LOUISVILLE KY 40202	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.	NAME	DELETED
1.1 TITLE		<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)