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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
P.O. BOX 32760
LOUISVILLE KY 40232

Mailing Address
P.O. BOX 32760
LOUISVILLE KY 40232-2760

3. Date Incorporated or Qualified 12/29/1992
3a. Date of Last Report 03/11/1996

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

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

9. Name and Address of Current Registered Agent

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 607.0502 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 (typed or printed name of registered agent, and date 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 ☒ DELETE
NAME MARTIN, GERALD R
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. 4TH STREET
CITY - ST - ZIP LOUISVILLE KY 40202

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Rogers, JAMES M.
1.3 STREET ADDRESS Hilliard Lyons Center, 501 S 4th Street
1.4 CITY - ST - ZIP Louisville, KY 40202

TITLE V ☐ DELETE
NAME STITES, WINTHROP A
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. 4TH STREET
CITY - ST - ZIP LOUISVILLE KY 40202

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD ☐ DELETE
NAME STONE, JAMES C
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. 4TH STREET
CITY - ST - ZIP LOUISVILLE KY 40202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD ☐ DELETE
NAME ROSE, JEFFREY W
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. 4TH STREET
CITY - ST - ZIP LOUISVILLE KY 40202

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE CD ☒ DELETE
NAME PAMPLIN, GILBERT L
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. 4TH STREET
CITY - ST - ZIP LOUISVILLE KY 40202

5.1 TITLE CD ☐ Change ☐ Addition
5.2 NAME Stuckert, JAMES W
5.3 STREET ADDRESS Hilliard Lyons Center, 501 4th Street
5.4 CITY - ST - ZIP Louisville, KY 40202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 (9/96)