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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 # F92000000966 (3)

1. Corporation Name:

HIL INCOME PROPERTIES, 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

4. FEI Number

61-0981873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 of the president, secretary, or registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MARTIN, GERALD R
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. FOURTH ST.
CITY-STATE-ZIP LOUISVILLE KY 40202

TITLE V ☐ DELETE

NAME STITES, WINTHROP A
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. FOURTH ST.
CITY-STATE-ZIP LOUISVILLE KY 40202

TITLE SD ☐ DELETE

NAME STONE, JAMES C III
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. FOURTH ST.
CITY-STATE-ZIP LOUISVILLE KY 40202

TITLE TD ☐ DELETE

NAME ROSE, JEFFREY W
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. FOURTH ST.
CITY-STATE-ZIP LOUISVILLE KY 40202

TITLE CD ☒ DELETE

NAME PAMPLIN, GILBERT L
STREET ADDRESS HILLIARD LYONS CENTER, 501 S. FOURTH ST.
CITY-STATE-ZIP LOUISVILLE KY 40202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME ROGERS, JAMES M.
1.3 STREET ADDRESS HILLIARD LYONS CENTER, 501 S. Fourth St.
1.4 CITY-STATE-ZIP Louisville, KY 40202

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE CD ☐ Change ☒ Addition

5.2 NAME STUCKERT, JAMES W.
5.3 STREET ADDRESS Hilliard Lyons Center, 501 S. Fourth St.
5.4 CITY-STATE-ZIP Louisville, KY 40202

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)