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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G70773 1. Corporation Name

JOAN L. HILL ENTERPRISES, INC.

**FILED** Feb 03, 1999 8:00am **Secretary of State** 

02-03-1999 90029 004 \*\*\*150.00



Principal Place	of Business	Mailing	Address								
% JOAN L HILL			ry 97 South			•	· ·	4 · * · · · · · · · · · · · · · · · · ·			
262 HWY 97 S		CANTON	CANTONMENT FL 32533				DO NOT WRITE IN THIS SPACE				
CANTONMENT FL	L 32533	US					3. Date Incorporated or 0				
US			. *				11/21/1983	20411100			
							4. FEI Number			App	lied For
2. Principal Pla	ace of Business	2a. Mai	ling Address				59-2371734			Not	Applicable
21	·	26					39 231 1104			\$8.75 Ac	Iditional
Suite, Apt. #	ŧ, etc.	Suit	te, Apt. #, etc.				5. Certifcate of Status De	esired [	<b>-</b>	Fee Req	
22		27							<del></del>	\$5.00 N	tay Be
City & State		City	y & State			•	6. Election Campaign Fi	nancing. [	Ġ	Added to	
23	•	28					Trust Fund Contribution		t veer lets		7.
Zip	Country	Zip		Cou	ntry		8. This corporation owes		t year ilitai	∏Yes [	MNo I
24	25	29		30			Personal Property Ta  10. Name and Address	of Now Par			
	9. Name and Address of Current	Registere	d Agent			<del></del>	10. Name and Address	OI ISSA ISS	3101010 4 7 1		
	N. 18 5 4 1 2 5 4 18	3			81	Name					
HILL,	JOAN L. Janes State Market				82	Street Addre	ess (P.O. Box Number is No	t Acceptabl	e)		
1262	HWY 97 S	, ,					. 99 55	A . 411 West	a contract	<u>*</u>	56. 386. 1.64
CANT	TONMENT FL 32533	,	•		83			1.15	i i di valita di La casa r	新物 遺居	
-							- 1 FT 187 II			85 Zip C	ode
.•		•			84				FL		
ca ignical to the	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	7 4 607 1	ISOS Elorida Stati	ites the a	bove	e-named corp	oration submits this stateme	nt for the pr	urpose of c	changing its	registered
100	Signature, typed or printed name of registered agen						d when reinstating)		DATE		
	OFFICERS AN	D DIRECT	ORS	13.			ADDITIONS/CHANGE	S TO OFFI	CERS AN	Change	Addition
12.	PD		☐ DELETE	1.1 ₹	ITLE	-	17.77.47.47			☐ Change	[] Addition
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I 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)