FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G86608** **(8)**

1. Corporation Name
HILLANDALE PARTNERS, INC.

Principal Place of Business	Mailing Address
HWY 41 NORTH PO BOX 1703 LAKE CITY FL 32056-1703 US	HWY 41 NORTH PO BOX 1703 LAKE CITY FL 32056-1703 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1984
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2383271 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

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

City & State — 23
City & State — 28

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

Zip — 24 Country — 25
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

FERGUSON, DALE C.
111 WEST MADISON ST
LAKE CITY FL 32056

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HAZEN, JACK E.	1.2 NAME	
STREET ADDRESS	RT 2 BOX 3074	1.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BETHEL, ORLAND R.	2.2 NAME	
STREET ADDRESS	16 WAVERLY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBURG PA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MIZELL, W. DORMAN	3.2 NAME	
STREET ADDRESS	HODGES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	WARD, JO N	4.2 NAME	
STREET ADDRESS	SPRING HOLLOW BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	HUNNICUTT, HOMER, JR.	5.2 NAME	
STREET ADDRESS	4004 RAINES RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	☐ Change ☐ Addition
NAME	HAZEN, JACK E., JR.	6.2 NAME	
STREET ADDRESS	2347 N. MILLER OAKS DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: Jo N. Ward Jo N. Ward 1/17/95 (904) 755 1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

040126 FP