FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90082 042 ***150.00

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

DOGUMENT # **H47327**

Principal Place of Business SSA HOOPER DRIVE FORT WALTON BEACH FL 32548-4056 2. Principal Place of Business 2. A mailing Address 2. Principal Place of Business 2. A mailing Address 2. Principal Place of Business 2. A mailing Address 3. Date incorporated or Qualified 03/14/1985 3. Certificate of Station Setting 05/15/25/25/25/25/25/25/25/25/25/25/25/25/25	1. Corporation	MENT # 114/32/ Name HILL REALTY, INC		The state of the s		٤.			Ande da des	
FORT WALTON BEACH FL 32548-4056 Signary Apt # , etc. 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified (3) 141/1895 3. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. FEI Number 5. SP 258343.0 5. Control or Section	Principal Place of Business			Mailing Address				1 1001014 NEEL GEBEL 10082 14110 15813 1081 DIRE	1 MIMIL STREET MIMIL ME	COCH DIMIT HOUS
2. Mailing Address 2. Mailing Address 3. FEI Number Apptied For Struck Apt 9, Fort 359-2583430 Not Applicable 367.5 Additional Apptied Fort 367.5 Additional 371 Apptied Fort 367.5 Additional 372 A	505A HOOPER DRIVE		FORT	FORT WALTON BEACH FL 32548-4056				3. Date Incorporated or Qualifed		
Sulta-Apt #, etc. Sulta-Apt #,	2. Dringing Place of Business			2a Mailing Addrage				1 00,11,100	An	plied For
SUIBs Apt #, etc:	<u></u>									•
City & State Country City & State City &										
City & State City & State Country Zip								5. Certificate of Status Desired		
Added to Fees Zip Country Zip Country St. Trist Fund Contribution Added to Fees Zip Country St. Trist Fund Contribution Added to Fees Zip Country St. Trist Fund Contribution Added to Fees Zip Zi				City & State				6. Election Campaign Financing —	\$5.00	May Re
Zip Country Zip Country Zip Country 2								11	•	•
25 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARNATHAN, CLAY M. 505 A HOOPER DR. 505 A HO		Country	p Country					Intangible		
CARNATHAN, CLAY M. 505 A HOOPER DR. FORT WALTON BEACH FL 32548 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 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, and accept the obligations of, Section 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS TITLE ANAME ASTREET ADDRESS CITY-ST-ZIP TITLE OELETE 1. TITLE OELETE 2. TITLE OELETE 2. TITLE OELETE 3. TITLE CHANGE 1. STREET ADDRESS CITY-ST-ZIP TITLE OELETE 3.		25	29		30			,	∐ Yes `	XINo
CARNATHAN, CLAY M. 505 A HOOPER DR. FORT WALTON BEACH FL 32548 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	 			red Agent				10. Name and Address of New Registere	d Agent	<i></i>
SOS A HOOPER DR. FORT WALTON BEACH FL 32548 83 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 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PARANTHAN, CLAY M. 12 NAME 13 STREET ADDRESS CITY-ST-ZIP 14. TITLE PARATORESS CITY-ST-ZIP DELETE 1.1 TITLE PARATORESS 1.2 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE PARATORESS CITY-ST-ZIP DELETE 3.1 TITLE PARAGItion PARAGITIO					8	1	Name			
FORT WALTON BEACH FL 32548 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE DATE Change Addition					-	-	Street Addre	one (P.O. Roy Number is Not Acceptable)		
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 of significant 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, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privided name of registered agent and their applicable. (NOTE: Registered Agent signature required when remistating) DATE					"	-	Street Addre	555 (F.O. Box Number is Not Acceptable)		
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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tise if applicable.	FORT WALTON BEACH FL 32548			83						
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 agent, or both, in the State of Florida, Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and mailiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNA					8	4	City		85 Zip C	Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P NAME CARNATHAN, CLAY M. 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CTY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE STREET ADDR	agent. í ai SIGNATURE	n familiar with, and accept the obliga	tions of, S	Section 607.0505, Fig	nda Statute	:S.		oration submits this statement for the purpose n's board of directors. I hereby accept the app		registered gistered
TITLE						<u> </u>			AND DIRECTO	RS IN 12
NAME CARNATHAN, CLAY M. 12 NAME 1.3 STREET ADDRESS					1.1 TTLE				☐ Change	☐ Addition
149 LINSTEW 13 STREET ADDRESS 140 LINSTEW 13 STREET ADDRESS 14 CITY-ST-ZIP		CARNATHAN, CLAY M.			1.2 NAME					
CITY-ST-ZIP	' '	·			1.3 STRE	ET/	ADDRESS			
TITLE		ET WAITON DEACH EL				TY-ST-ZIP		·		
NAME	1			☐ DELETE	_				Change	☐ Addition
STREET ADDRESS	NAME				2.2 NAME					}
CITY-ST-ZIP	_				2.3 STRE	E(f	ADDRESS			Ì
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE Change Addition NAME 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS							-			Į
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			☐ DELETE				-	Change	☐ Addition
3.3 STREET ADDRESS										
3.4. CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition					1		ADDRESS			
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS										
NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS		B-10		DELETE					☐ Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS	j	-*			ı					
					ł		ADORESS			
	CITY-ST-ZIP						1			

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

πLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

3/29/99 Date 850-244-1007 Daytime Phone #

☐ Change

Change

Addition

Addition

(R2E034 (11/98)