FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H61357** **(0)**

1. Corporation Name
HICKORY HILLS COMPANY

Principal Place of Business
~~RT 2 BOX 602~~
~~111 S. CENTRAL AVE.~~
~~JENNINGS FL 32053~~
US

Mailing Address
~~RT 2 BOX 602~~
~~111 S. CENTRAL AVE.~~
~~JENNINGS FL 32053~~
US

2. Principal Place of Business
21 6100 ARLINGTON EXPY
Suite, Apt. #, etc.
22 K101
City & State
23 JACKSONVILLE, FL 32211
Zip 24 32211 Country 25 DUVAL

2a. Mailing Address
26 P.O. BOX 47438
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE, FL 32247-7438
Zip 29 32247-7438 Country 30 DUVAL

3. Date Incorporated or Qualified: 06/11/1985
3a. Date of Last Report: 08/14/1995
4. FEI Number: 59-2556539 — 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
HENDRICK, PAUL
~~111 S. CENTRAL AVE.~~
~~JASPER FL 32052~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6100 ARLINGTON EXPY. K101
83
84 City JACKSONVILLE, FL 85 Zip Code 32211

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RATLIFF, RONALD H.	
STREET ADDRESS	RT. 4, BOX 77	
CITY-ST-ZIP	JASPER FL	
TITLE	SD	☐ DELETE
NAME	RATLIFF, VICKIE L.	
STREET ADDRESS	RT. 4, BOX 77	
CITY-ST-ZIP	JASPER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is listed as a party interest with an address.

SIGNATURE: DOLLORES HEDNRICK, ASS. SEC. 8/6/96 904-721-8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)