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 18 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92524** **(8)**

1. Corporation Name
BILL HILL'S AUTOMOTIVE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
523-13TH ST ST CLOUD FL 34769-4501	523-13TH ST ST CLOUD FL 34769-4501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1985**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) Country (30)

4. FEI Number: **59-2622136** ☐ 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

HILL, WILLIAM J., JR.
523-13TH ST
ST CLOUD FL 32769

10. Name and Address of New Registered Agent

81 Name: Jeffrey F Christopher
82 Street Address (P.O. Box Number is Not Acceptable): 319 16th St
83
84 City: St. Cloud FL 85 Zip Code: 34769

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: _____ Pres. 4/12/95
(Name typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☒ Change ☐ Addition
NAME	HILL, WILLIAM J., JR.	12 NAME		
STREET ADDRESS	508 GEORGIA AVE	13 STREET ADDRESS	Delete	
CITY-ST-ZIP	ST CLOUD FL	14 CITY-ST-ZIP		
TITLE	DVS	21 TITLE	Pres	☒ Change ☐ Addition
NAME	CHRISTOPHER, JEFFREY F.	22 NAME		
STREET ADDRESS	319-16TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	ST.CLOUD FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	CHRISTOPHER, ANNE G	32 NAME		
STREET ADDRESS	319 16TH ST	33 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	ALLEN, DONALD E	42 NAME		
STREET ADDRESS	1726 W ACRE DR	43 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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, added or deleted.

SIGNATURE: _____ Pres. 4/12/95 (407) 892-6666
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR (Date) (Daytime Phone #)

Jeffrey F Christopher Pres.

0377619 CP