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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J15099

(1)

HILLCREST RV RESORT, INC.

Apr 16 1998 8:00am Secretary of State



FILED

Principal Place of Business 4421 LANE RD. ZEPHYRHILLS FL 33541 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28 City & State City & State 29 Country Zip Country Sints corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Personal Property Tax due June 30. Zip Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
THONOTOSASSA FL 33592 US DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address						i ainii dikta bibil dibil 1001
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Applied For Sp-2705212 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Fee Required 4. FEI Number 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Francing Added to Fees 7. Trust Fund Contribution Added to Fees 7. Zip Country Zip Country 7. Added to Fees 7. Zip Country Status Desired Principal Fee Required 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent	ZEPHYRHILLS FL 33541 THONOTOSASSA FL 3359			82			
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent Applied For Not Applied Fo						•	
Suite, Apt. #, etc. 22 City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	2. Principal F	Place of Business	2a. Mailing Address				Applied For
27 6. Certificate of Status Desired Fee Required City & State City & State 28 6. Election Campaign Financing Foundation Added to Fees Trust Fund Contribution Added to Fees ZIP Country ZIP Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 5. Certificate of Status Desired Fee Required Fee Requi			~ ~			59-2705212	Not Applicable
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24 25 29 30 Personal Property Tax due June 30. A Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		<u> </u>				Trust Fund Contribution	
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	24						
	a	BBONS, GARY A.	ant Hegistered Agent	8	Name	10. Name and Address of New Progratered	vaeur
2221 HENDEDSON RIVO	3321 HENDERSON BLVD.				S 4	(0.0 Day N. and a sample)	
TAMPA FL 33609 82 Street Address (P.O. Box Number is Not Acceptable)	· ·			*	Street Addre	ess (P.O. Box Number is Not Acceptable)	
83				83	3		
84 City 85 Zip Code				84	City		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 registere	11 Durauant	to the provisions of Sections 607.06	02 and 607 4500 Florida Statute	the ebe	10.000000		•
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.	office or	registered agent, or both, in the State	te of Florida. Such change was a	uthorized b	by the corporation	ion's board of directors. I hereby accept the app	pointment as registered
		im raminar with, and accept the coll	gations of, Section 607.0505, Fig	rioa Statuti	38.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	Registered A	pant signature require	ed when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	——					ADDITIONS/CHANGES TO OFFICERS AND	
DIAON OFODOR 4 ID	i		[] DELETE				Change Addition
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14. 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 changed, or on an attachment with an address.

SIGNATURE:

PENDL GERACE L. BLACK JR. 414198 (813) 782-1947