

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Montanari
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27850

(3)

1. Corporation Name
HILL/PINE, INC.



Principal Place of Business
**4868 W. GANDY BLVD.
TAMPA FL 33611**

Mailing Address
**4868 W. GANDY BLVD.
TAMPA FL 33611**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/08/1986	3a. Date of Last Report 06/27/1995
21. State, April 1, 1996	26. State, April 1, 1996	4. FCI Number 59-2767536	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Has been Campaign Financing Trust Fund Grant recipient <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRANKS, JOHN L. JR.
4141 BAYSHORE BLVD. #406
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0601 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)
OFFICERS AND DIRECTORS

Signature of Registered Agent (Print Name and Title)

Date of Signature

12. Title	DPST	<input type="checkbox"/> DELETE
12. NAME	FRANKS, JOHN L., JR.	
12. STREET ADDRESS	4141 BAYSHORE BLVD.	
12. CITY, STATE, ZIP	TAMPA FL	
12. TITLE		<input type="checkbox"/> DELETE
12. NAME		
12. STREET ADDRESS		
12. CITY, STATE, ZIP		
12. TITLE		<input type="checkbox"/> DELETE
12. NAME		
12. STREET ADDRESS		
12. CITY, STATE, ZIP		
12. TITLE		<input type="checkbox"/> DELETE
12. NAME		
12. STREET ADDRESS		
12. CITY, STATE, ZIP		

13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 2. NAME	
13. 3. STREET ADDRESS	
13. 4. CITY, STATE, ZIP	
13. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 6. NAME	
13. 7. STREET ADDRESS	
13. 8. CITY, STATE, ZIP	
13. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 10. NAME	
13. 11. STREET ADDRESS	
13. 12. CITY, STATE, ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 14. NAME	
13. 15. STREET ADDRESS	
13. 16. CITY, STATE, ZIP	

14. I 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)(b), 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, but 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 in change or addition after the with an address:

SIGNATURE: *John L. Franks Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John L. Franks Jr.

2/1/96 (813) 874-9226

CR2E034 (12/95)