

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

APPROVED
AND
FILED

98 JAN -8 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J2 7850
1. Corporation Name

Hill Pine, Inc.
Principal Place of Business Mailing Address

4868 W. Gandy Blvd. Tampa 33611
2. Principal Place of Business 2a. Mailing Address

21 SAME
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24 **25** **29** **30**

3. Date Incorporated or Qualified

3a. Date of Last Report

Aug 1985

MAY - 96

4. FEI Number

59-276 7536

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

10. Name and Address of New Registered Agent

John L Franks Jr
4141 Bayshore Blvd U-406
Tampa FLA 33611

81 Name

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE
NAME **John L Franks Jr.**
STREET ADDRESS **4141 Bayshore Blvd U-406**
CITY-ST-ZIP **Tampa FLA 33611**

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

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 **3000002398659--0**
1.3 STREET ADDRESS **-01/13/98--01084--001**
1.4 CITY-ST-ZIP *******165.00 *****165.00**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **3000002398659--0**
2.3 STREET ADDRESS **-01/13/98--01084--002**
2.4 CITY-ST-ZIP *******15.00 *****15.00**

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 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

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

12-22-97

Date

813 874-9226

Daytime Phone #

CR2E034 (9/96)