

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90082 019 \*\*\*150.00

DOCUMENT # **J34289**

1. Corporation Name

**HILLCREST INSURANCE AGENCY, INC.**

Principal Place of Business

18500 U.S. HWY. 441  
MOUNT DORA FL 32757  
US

Mailing Address

P.O. BOX 1515  
MOUNT DORA FL 32756-1515  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1986**

4. FEI Number

**59-2721634**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

25

30

US

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, KAY  
1206 OLD EUSTIS ROAD  
MOUNT DORA FL 32757

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

C  
NAME HILL, KAY  
STREET ADDRESS 1206 OLD EUSTIS ROAD  
CITY-ST-ZIP MOUNT DORA FL 32757

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

PD  
NAME BIRON, LOUIS  
STREET ADDRESS 3861 WATERCREST DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

V  
NAME SHEFFIELD, ROGER  
STREET ADDRESS 4614 SLOE WOOD CT  
CITY-ST-ZIP MT DORA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

ST  
NAME HAMPTON, LANCE  
STREET ADDRESS 6861 SYLVAN WOODS CT  
CITY-ST-ZIP SANFORD FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 CITY-ST-ZIP ☐ Change ☐ Addition

2.6 CITY-ST-ZIP ☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)