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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49517

HILE CONTROLS OF FLORIDA, INC.

(2)

Scoretary

## FILED May 02 1997 8:00am Secretary of State

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* C T CORPORATION SYSTEM P O BOX 1015 MATTHEWS NC 28108-8015  2. Principal Place of Business		Mailing Ac	Mailing Address  % C T CORPORATION SYSTEM P O BOX 1015 MATTHEWS NC 28106-1015				, , , , , , , , , , , , , , , , , , , ,	A.A A.A		41911 41911 1881	
		P O BOX									
							3. Date Incorporated or Qualified 12/22/1986	1	e of La <b>)5/19</b>	ast Report <b>96</b>	
		2a. Mailing	2a. Mailing Address			4. FEI Number			Applied For		
21		26	residente de la companya de la comp				58-1716203 Not Applica				
Sulte, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required	
City & State	3	27     City & 3	State				6. Election Campaign Financing			.00 May Be	
23		28					Trust Fund Contribution			ded to Fees	
Zip	Country	Zφ		Countr	ry		8. This corporation has liability for in	itangible l	ax unc	ier s 199.032,	
24	25	29		30				Yes [			
	9, Name and Address of Curr	ent Registered A	gent	R.	1	Name	10. Name and Address of New Reg	istered A	gent		
	CORPORATION SYSTEM				1	IVALLIC					
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82	2	Street Addre	Address (P.O. Box Number is Not Acceptable)				
rux.	MINITURE 33324			83	3						
					_	03.			17	7. 0.4.	
				84	4	City		FL	85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508	, Florida Statu	ites, the above	ve-i	named corp	oration submits this statement for the pr	irpose of	changi	ng its registered	
agent. La	m familiar with, and accept the obl	igations of, Sectio	n 607.0505, F	lorida Statute	es.	ne corporati	ion's board of directors. I hereby accep	тие аррс	muner	it as registered	
SIGNATURE											
12,	Signature, typed or printed name of registered a	ngent and title if applicab ND DIRECTORS	ile (NC	TE Registered A	gent	signature require	ed whos reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIBEC	TORS IN 12	
TITLE	OP OF THE PROPERTY OF THE PROP	MO DIRECTORS	DELETE	1,UTB1E		T	ADDITIONS/GITANGES TO OTTIO	LNO XIND	Cha		
NAME	HILE, W. K.			1.2 NAME							
STREET ADDRESS	5300 GORHAM DR			1.8 STREE		DDRESS					
CfTY-ST-ZIP	CHARLOTTE NC			1.4 CITY-	-51-	ZIP					
TITLE	Ö		DELETE	2.4 1/11.6					Cha	nge 🔲 Addition	
NAME	HILE, MARY LOU			2.º NAME	E						
STREET ADDRESS	5300 GORHAM DR			2.8 STREE	ET AI	DDRESS					
CITY-ST-ZIP	CHARLOTTE NC			2.4 CITY		- ZIP					
TITLE	0		DELETE	3.4 THLE					Cha	nge [_] Addition	
NAME	HILE, KIRKWOOD J			3.P NAME							
STREET ADDRESS	2128 SHARON RD. CHARLOTTE NC			3.B STREE							
CITY-ST-ZIP TITLE	CHARLOTTE NO		DELETE	3.4. CITY 4.1 TITLE		- ZIP			Cha	nge	
NAME			_ Dettit	4.1 TILE 4.2 NAM					ال ال	ugo 🗀 Audillo	
STREET ADDRESS				4. 2 NAVI		DDRESS					
CITY-ST-ZIP				4.4 CITY-							
TITLE			DELETE	5.1 TITLE					Cha	nge Addition	
NAME				5.P NAME							
STREET ADDRESS				5 B STREE	ET AI	DDRESS					
CITY-ST-ZIP				5 <b>4</b> City-	- 51-	7IP					
TITLE			DELETE	61 HILE			TO SERVICE AND THE SERVICE AND		Cha	nge 🔲 Additio	
NAME				62 NAME	E						
STREET ADDRESS				63 SIRE	ET Al	DDRESS					
CITY-ST-ZIP				6 d CITY-	- ST -	ZIP					

4. 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 eath; that I am an officer or director of the corporation of the regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bigot, 13 if oranged or on an attachment with an address.

CICMATUDE.

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4/22/01/04-847-9/25