

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

FILED

Feb 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J66068

(4)

1. Corporation Name

DELEON SPRINGS HILLTOP, INC.



Principal Place of Business

POST OFFICE BOX 1130
DELEON SPRINGS FL 32130

Mailing Address

POST OFFICE BOX 1130
DELEON SPRINGS FL 32130-1130

3. Date Incorporated or Qualified

04/08/1987

3a. Date of Last Report

02/16/1996

4. FEI Number

59-2792867

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 3 Pelican Lane

Suite, Apt. #, etc.

2a. Mailing Address

26 3 Pelican Lane

Suite, Apt. #, etc.

City & State

23 Edgewater FL

Zip

Country

24 32141

25 Volusia

City & State

28 Edgewater FL

Zip

Country

29 32141

30 Volusia

9. Name and Address of Current Registered Agent

MURPHY, PEARL
2525 PLACE POND RD
DELEON SPRINGS FL 32028

10. Name and Address of New Registered Agent

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: Pearl Murphy

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 4, 1997

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED
NAME MURRAY, PEARL
STREET ADDRESS 2525 PLACE POND ROAD
CITY-ST-ZIP DELEON SPRINGS FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ AdditionD
NAME MURPHY PEARL
STREET ADDRESS 3 PELICAN LANE
CITY-ST-ZIP EDGEWATER FL 3214121 TITLE ☐ Change ☐ Addition22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP31 TITLE ☐ Change ☐ Addition32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP41 TITLE ☐ Change ☐ Addition42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP51 TITLE ☐ Change ☐ Addition52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition62 NAME
63 STREET ADDRESS
64 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: Pearl Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4, 1997 904-423-5089

Date

Daytime Phone #

CR2E034 (9/96)