SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

## FILED

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r uf state E<del>e. Florida</del>

1999	DIVISION OF CORPORATIONS	01 APR 16
OCUMENT # K00864		
HILITE SERVICES, INC.	والمرادية والمرادية والمستنان المرسية المستنيب المريب	SECRETARY 

Dringing Diago						
Fillicipal Flace	e of Business	Mailing Address			DEMINTATE	KATA SAME
8466 N LOCKW	NOOD RIDGE RD	8466 N LOCKWOOD RIDG	E RD		REINSTATEM	
S303		S303			8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
SARASOTA FL	. 34243	Sarasota FL 34243			DO NOT WRITE	IN THIS SPACE
					<ol> <li>Date Incorporated or Qualified 11/04/1987</li> </ol>	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
<del></del>		26			65-0013564	Not Applicable
21 Suita Anti-	# ata	Suite, Apt. #, etc.			00 00 1000 1	\$8.75 Additional
Suite, Apt. i	#, etc	·		•	5. Certificate of Status Desired	Fee Required
22		27				
City & State	9	City & State			6. Election Campaign Financing	<b>\$5.00</b> мау Ве
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	<ol><li>This corporation owes the currer</li></ol>	it year
24	25	29	30		Intangible Personal Property.	Yes No
<del>- '</del>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
			8	1 Name		
WILL	LIAMS, JOHNNY J		<u> </u>			
3517	7-65TH-AVE-CIRCLE-E:		8 ا ـــــــــــــــــــــــــــــــــــ	2 - Street Add	ress (P.O. Box Number is Not Acceptable	e)
SAR	ASOTA FL 34243		-	3		
<b></b>			°	3		
			8	4 City		FL 85 Zip Code
44	4. Ab	and CO7 4EOR Elevide Statutor	a the obey	o somed come	protion cubmits this statement for the pure	
office or n	registered agent, or both, in the State	of Florida, Such change was a	uthorized t	by the corporati	oration submits this statement for the purpoon's board of directors. I hereby accept	the appointment as registered
agent. I a	ım familiar with, and accept the obliga	tions of, section 607.0505, Flo	rida Statut	es.	1/11/2	$\mathcal{A}$
SĨĞNĀTŪRE _	$\supset$			- )» h u	ny W////12mg	1/09/0/
OIOIWITOTIE -	Signature, typed or printed name of registered agent	and title if application. (NO	TE: Registered	Agent signature req	ured when reinstating)	DATE
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
- "	PS OFFICERS AND	DIRECTORS	13.			Change Addition
12. TITLE NAME			_	1	100004	Change Addition_
TITLE NAME	PS WILLIAMS, JOHNNY J		1.1 TITLE 1.2 NAME	=	100004 -04/29	Change 1 Addition. 5/0101080004
TITLE NAME STREET ADDRESS	PS WILLIAMS, JOHNNY J 3517 65TH AVE CIRCLE E.		1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDRESS	100004 -04/29	Change Addition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WILLIAMS, JOHNNY J 3517 65TH AVE CIRCLE E. SARASOTA FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ET ADDRESS ST-ZIP	100004 -04/29	Crange 1 Addition 5 5/0101080004 50.00 ***1050.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS WILLIAMS, JOHNNY J 3517 65TH AVE CIRCLE E. SARASOTA FL TD WILLIAMS, SHAWN M 218 SORRENTO DR	DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADORESS ST-ZIP	100004 -04/29	Crange 1 Addition 5 5/0101080004 50.00 ***1050.00
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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 receiper 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:**