# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06087** **(5)**

1. Corporation Name
**HILLMAN SALES COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5479 N.W. 45TH WAY<br>COCONUT CREEK FL 33073 | 5479 N.W. 45TH WAY<br>COCONUT CREEK FL 33073 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0136473** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HILLMAN, DAVID M.**
**5479 N.W. 45TH WAY**
**COCONUT CREEK 33073**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | P | ☐ Change ☐ Addition |
| NAME | HILLMAN, DAVID M. | |
| STREET ADDRESS | 5479 N.W. 45TH WAY | |
| CITY ST ZIP | COCONUT CREEK FL | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | ☐ Change ☐ Addition |
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| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

14. I DO HEREBY CERTIFY that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

**SIGNATURE:** [signature] 5-6-95 305-571-5318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0118874 CP

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CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

8: 15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07364** **(7)**

1 **GEETING ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2781 S.W. 156TH AVE<br>DAVIE FL 33331 | 2781 S.W. 156TH AVE<br>DAVIE FL 33331 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: **08/04/1989** | 3a. Date of Last Report: **05/01/1994** |
| 4. FEI Number: **65-0137257** | ☐ 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. The corporation is subject to chapter 617, Florida Statutes ☐ Yes ☒ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ZIKAKIS, SALOME J.<br>307 SE 14 STREET<br>FT LAUDERDALE FL 33316 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 607.1007, 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(S)

| 12. OFFICERS AND/OR DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS IN '95 | |
|---|---|---|---|
| 1 TITLE | DP | 1 TITLE | ☐ Change ☐ Addition |
| 1 NAME | GEETING, DONALD W., SR | 1 NAME | |
| 1 STREET ADDRESS | 2781 S.W. 156TH AVE. | 1 STREET ADDRESS | |
| 1 CITY-ST-ZIP | DAVIE FL | 1 CITY-ST-ZIP | |
| 2 TITLE | DV | 2 TITLE | ☐ Change ☐ Addition |
| 2 NAME | GEETING, DONALD W., JR | 2 NAME | |
| 2 STREET ADDRESS | 3911 SW 59TH TERRACE | 2 STREET ADDRESS | |
| 2 CITY-ST-ZIP | DAVIE FL | 2 CITY-ST-ZIP | |
| 3 TITLE | | 3 TITLE | ☐ Change ☐ Addition |
| 3 NAME | | 3 NAME | |
| 3 STREET ADDRESS | | 3 STREET ADDRESS | |
| 3 CITY-ST-ZIP | | 3 CITY-ST-ZIP | |
| 4 TITLE | | 4 TITLE | ☐ Change ☐ Addition |
| 4 NAME | | 4 NAME | |
| 4 STREET ADDRESS | | 4 STREET ADDRESS | |
| 4 CITY-ST-ZIP | | 4 CITY-ST-ZIP | |
| 5 TITLE | | 5 TITLE | ☐ Change ☐ Addition |
| 5 NAME | | 5 NAME | |
| 5 STREET ADDRESS | | 5 STREET ADDRESS | |
| 5 CITY-ST-ZIP | | 5 CITY-ST-ZIP | |
| 6 TITLE | | 6 TITLE | ☐ Change ☐ Addition |
| 6 NAME | | 6 NAME | |
| 6 STREET ADDRESS | | 6 STREET ADDRESS | |
| 6 CITY-ST-ZIP | | 6 CITY-ST-ZIP | |

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and accurate, and that, to the extent required by Section 119.07(5)(a), Florida Statutes, I/we have certified, that the information provided on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attached report with an address.

**SIGNATURE:** Donald W Geeting Jr 5/10/95 305 424-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0434887 FP