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

PROFIT CORPORATION JANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE: RANDALL W. SAITH PROSPET

(7)

SEVEN HILLS DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

FILED May 01 1996 8:00 am Secretary of State

-		
- 	- 1133 - 11611 - 13611 - 216 21 - 1 16 31	

904-942-7555

1925 W. FF Quincy FL	ranklin st . 32351	1925 W. Franklin S Quincy Fl 32351	ST .				
					3. Date Incorporated or Qualified 10/10/1989	3a. Date of Las 05/0	st Report 1/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2973171		Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	LJ F	.75 Additional ee Required
City & State		City & State	alga kalanta atau mengentan men		Election Campaign Financing Trust Fund Contribution		ded to Fees
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has liability for Florida Statutes Yes	intangible tax unda No	ers 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent	
			€	1 Name			
SMITH	I RANDALL W		ε	2 Street A	ddress (P.O. Box Number is Not Acceptate	ole)	
	w Franklin St		ļ.,				
QUINC	CY FL 32351		•	3		4	
			E	4 City		E1 85	Zip Code
11 Purcuent to	a the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the above	named co	rporation submits this statement for the pu	roose of changing	its registered office
or registere	ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	i. Such change was authorize	ed by the co	rporation's t	poard of directors. I hereby accept the app	ointment as regist	ered ägent. I am
SIGNATURE _	Signature, typed or printed name of registered agent ar	id title if applicable. (NO:	E: Registered A	gent signature re	ηured when reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE	1, 1 111			☐ Cha	nge
NAME	SMITH, RANDALL W.		1.2 NAS				
STREET ADDRESS	381 E. SHARON ST			ET ADDRESS			
CITY-ST-ZIP	QUINCY FL	Table 110		-S1-ZIP			nge Addition
TITLE	DS CHITH CARY I	DETELE	2 1 1). 22 NAN	ì		[] Ole	ingo realition
NAME	SMITH, GARY L. RT. 3, BOX 423						
STREET ADDRESS	HAVANA FL			EET ADDRESS			
CHTY-ST-ZIP TITLE	D D	DELETE	3. 1 TiT	'- \$1 - ZIP		☐ Cha	nge [] Addition
NAME	SMITH, ROBERT L.		3.2 NAN				
STREET ADDRESS	1925 W. FRANKLIN ST			EE1 ADDRESS			
CITY-ST-ZIP	QUINCY FL			-ST-ZIP			
TITLE	00110112	☐ DELETE	4. 1 TIT		0000018 -05/08/9601	12426	ge Addition
NAME		_	4.2 NA	1E	-05/08/9601	006027	
STREET ADDRESS			4.3 STP	EET ADDRESS	***200.00		
CITY-ST-ZIP			4.4 CIT	/- ST- ZIP			
TITLE		DELETE	5. 1 TIT	.F		☐ Cha	nge 🔲 Addition
NAME	j		5.2 NAI	4E			
STREET ADDRESS			5.3 STF	EET ADDRESS			
CITY-ST-ZIP			5.4 C(1	(- S1 - 2IP			
TITLE	1	☐ DELETE	6 1 TIT	LE		Cha	inge 🔲 Addition
NAME			6.2 NA	ΛΕ			
STREET ADDRESS			6.3 \$19	ee1 address			
CITY-ST-ZIP		ware	6.4.C/T	(-S1-ZIP			
certify that oath; that	t the information indicated on this annu	al report or supplemental anni ation or the receiver or truster	ual report is e empowere	true and ac	lify for the exemption stated in Section 118 courate and that my signature shall have the e this report as required by Chapter 607, f	e same legal eflect	as if made under