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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L21713

SEVEN HILLS DEVELOPMENT, INC.

•
Mailing Address
3740 LONGCHAMP CIRCLE TALLAHASSEE FL 32308

May 04, 1999 8:00 am Secretary of State

05-04-1999 90125 022 ***150.00



TALLAHASSEE FL 32308		TALLAHASSEE FL 32308		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 10/10/1989		
2 Principal D	ace of Business	2a. Mailing Address		4. FEI Number	An	olied For
	идф от опринеса	26 Name of Address		59-2973171		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22	المادي والمعاد شاء الحاسسوايي	27		5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added t	o Fees
Zip ─	Country	Zip	Country	8. This corporation owes the current year	r Intangible ☐ Yes	IZNo
24	9. Name and Address of Curi	29 3	0	Personal Property Tax. 10. Name and Address of New Register		23140
	9. Name and Address of Curi	rent Registered Agent	81 Name			
SMIT	'H RANDALL W				····	
1925	W FRANKLIN ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
. QUIN	NCY FL 32351		83	2000 11/10/1		
			84 City Paul	HASSEZ	FL 85 32	ode A
11. Pursuant	to the provisions of Sections 697.0	502 and 607.1508, Florida Statutes			e of changing its	registered
office or re	egistered agent, or both, in the Sta	ate of Florida, Such change was autigations of Section 607 0505. Florid	horized by the corpora	tion's board of directors. I hereby accept the ap	pointment as re	gistered
	m ramina yilly and accept the com	My LANDOU		Poss 4/	7e/99	
SIGNATURE	Signature, typed or printed name of registered		egistered Agent signature requi	ired when reinstating) DATE		
12.	OFFICER\$	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	SMITH, RANDALL W.		1.2 NAME	and the latter of the second		
STREET ADDRESS	381 E. SHARON ST		1.3 STREET ADDRESS 3	1740 LONGCHAMP CIRCLE TALLAHASSEZ , FL	32308	
CITY-ST-ZIP	QUINCY FL			TALLAHASSEZ, FL		771 4 4 888
TITLE		☐ DELETE	2.1 TITLE		Change	Addition Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C/TY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE			4.1 INLE 4. 2 NAME		3	_
NAME STORET ADDDESS			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OTTLET ADDICESS			64 CMY+ST-ZIP			

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 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, with all other like empowered.