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

Mailing Address

% JAMES MICHAEL HILL, SR.

3540 NE WALDO ROAD

GAINESVILLE FL 32609

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

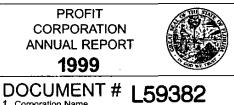
Principal Place of Business

% JAMES MICHAEL HILL. SR. 3540 NE WALDO ROAD

2. Principal Place of Business

GAINESVILLE FL 32609

21



HILL'S VAN SERVICE OF ALACHUA COUNTY, INC.

FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90137 031 ***150.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/19/1990

59-3001399

4. FEI Number

Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$5.00 May Be Added to Fees	
		27				5. Certificate bi ciatas busines	• Fee Re		
City & State		— — ·	City & State		6. Election Campaign Financing Trust Fund Contribution				
3\ 7in	Country	Zip		Count	D/			11 663	
Zip 4	Country 25	29	[2	50	'y	This corporation owes the current y Personal Property Tax.		□No	
<u> </u>	9. Name and Address of Curre					10. Name and Address of New Regis	tered Agent		
				8	1 Name				
HALL, MARY HILL 3540 NE WALD RD GAINESVILLE FL 32606				<u> </u>	0 0 0	(D.O. B. N. Lee is New Assessments)			
				8	Street Addi	ress (P.O. Box Number is Not Acceptable)			
				8	83				
					[
				8	4 City		FL 85 Zip C	Code	
1. Pursuant	to the provisions of Sections 607.05	02 and 607.150	B, Florida Statutes	, the abo	ve-named corp	poration submits this statement for the purp	ose of changing its	registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Suc	h change was aut	horized b	y the corporation	on's board of directors. I hereby accept the	appointment as reg	jistered	
agent. i ai	m ramiliar with, and accept the oblig-	ations of, Section	11 607.0303, FIOR	Ja Statut					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicab	le. (NOTE: F	Registered Ag	jent signature require	ed when reinstating) D	ATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TTLE			DELETÉ	1.1 TITLE			☐ Change	Addition	
IAME	HILL, JAMES M. SR.			1.2 NAM	E				
TREET ADDRESS	RT. 2 BOX 116			1.3 STRE	ET ADDRESS				
ITY-ST-ZIP	MICANOPY FL			1.4 CITY	-ST-ZIP				
TLE	P		☐ DELETE	2.1 TITLE			☐ Change	Additio	
AME	HALL, MARY H.			2.2 NAM	E				
TREET ADDRESS	3540 NE WALDO RD			2.3 STRE	ET ADDRESS				
ITY-ST-ZIP	GAINESVILLE FL			2. 4 CITY	İ				
TILE	S	•	☐ DELETE	3.1 TITLE			☐ Change	Addition	
IAME .	HALL, J D	· _		- 3.2 NAM	E				
TREET ADDRESS				3.3 STR	EET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL			34 CITY	-ST-ZIP				
TLE	T		☐ DELETE	4.1 TITLE			☐ Change	☐ Additio	
IAME	VETZEL, ROBERT M II			4. 2 NAM	IE				
TREET ADDRESS	44. 4			43 STRE	ET ADDRESS				
TY-ST-ZIP	JACKSONVILLE FL			4.4 CITY					
ITLE			DELETE	5.1 TITLE			☐ Change	Additio	
IAME				5.2 NAM	Ε				
TREET ADORESS				5.3 STRE	ET ADDRESS				
ì				5.4 CITY	-ST-ZIP				
YITY-ST-ZIP		······································	DELETE	6.1 TITLE			☐ Change	Additio	
				6.2 NAM	E				
TILE				0.2 10-01					
TTLE IAME				1	ET ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS				

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mil 30, 1229

CR2E034 (11/98)