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 APR 25 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L75166** **(3)**

1. Corporation Name
HILLTOP PROPERTIES, INC.

Principal Place of Business	Mailing Address
% BEVERLY A LAMBERT ESQ 16750 SE 96TH AVENUE/P O BOX 268 SUMMERFIELD FL 32691	% BEVERLY A LAMBERT ESQ 16750 SE 96TH AVENUE/P O BOX 268 SUMMERFIELD FL 32691

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/21/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **03-0327219** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAMBERT, BEVERLY A.
2100 SE 17TH ST
OCALA FL 32671

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	CERSOSIMO, ANTHONY F	1.2 NAME		
STREET ADDRESS	RD #6 BOX 9	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRATTLEBORRO VT	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	PIPER, NELSON B	2.2 NAME		
STREET ADDRESS	1456 FAIRWAY DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP		
TITLE	DVT	3.1 TITLE		☐ Change ☐ Addition
NAME	LENOIS, ALLAN F	3.2 NAME		
STREET ADDRESS	ROAD #6, BOX 9	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRATTLEBORO VT	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	MORSE, JEFFREY	4.2 NAME		
STREET ADDRESS	ROAD #6, BOX 9	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRATTLEBORO VT	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Allan F. Lenois 4/20/95 802/254-4508
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Allan F. Lenois- Vice President

0488181 FP