

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L75166**

(3)

1. Corporation Name

HILLTOP PROPERTIES, INC.



Principal Place of Business

Mailing Address

% BEVERLY A LAMBERT ESO
16750 SE 96TH AVENUE/P O BOX 268
SUMMERFIELD FL 32691

% BEVERLY A LAMBERT ESO
16750 SE 96TH AVENUE/P O BOX 268
SUMMERFIELD FL 32691

3. Date Incorporated or Qualified
05/21/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **2100 SE 17th St./Suite 300**

23 City & State

27 Suite, Apt. #, etc.

27 **P. O. Box 1450**

24 Zip

25 Country

28 City & State

28 **OCALA, FL**

24 Zip

25 Country

29 Zip

29 **32678**

30 Country

30 **Marion**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CERSOSIMO, ANTHONY F	
STREET ADDRESS	RD #6 BOX 9	
CITY - ST - ZIP	BRATTLEBORO VT	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PIPER, NELSON B	
STREET ADDRESS	1456 FAIRWAY DR	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	LENOIS, ALLAN F	
STREET ADDRESS	ROAD #6, BOX 9	
CITY - ST - ZIP	BRATTLEBORO VT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORSE, JEFFREY	
STREET ADDRESS	ROAD #6, BOX 9	
CITY - ST - ZIP	BRATTLEBORO VT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

802/259-9508

Daytime Phone #

CR2E034 (12/95)