

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 05 1998 8:00am  
Secretary of State

DOCUMENT # **M78781** (5)  
1. Corporation Name  
**SEVEN HILLS PARTNERS, INC.**

Principal Place of Business  
43309 US HWY 19 N  
TARPON SPRINGS FL 34689  
US

Mailing Address  
P O BOX 1608  
TARPON SPRINGS FL 34688-8608  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1988

4. FEI Number

59-2888392

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FRIEDLAND, LEW  
43309 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689

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

TITLE DP ☐ DELETE  
NAME FRIEDLAND, LEW  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DV ☒ DELETE  
NAME SALING, GARY  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE DST ☐ DELETE  
NAME FORD, DAVID  
STREET ADDRESS 43309 US HWY 19 N  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE  
NAME TAYLOR, JOYCE  
STREET ADDRESS 43309 US HWY 19 N.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE V ☐ DELETE  
NAME JENNISON, CHERI  
STREET ADDRESS 43309 US HWY 19 N.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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.

SIGNATURE:

*[Signature]* FRIEDLAND, LEW PRESIDENT 4/6/98 (813)942-2591

CR2E034 (10/97)