

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26295 (8)

1. Corporation Name

HILL & DALE CRIME WATCH, INC.

Principal Place of Business

26408 BERTRAM RD.
BROOKSVILLE FL 34602
US

Mailing Address

26408
~~26408 BERTRAM ROAD~~
~~26408 BERTRAM ROAD~~ % James Mead
BROOKSVILLE FL 34602-7167
US3. Date Incorporated or Qualified
05/05/19883a. Date of Last Report
03/08/1996

2. Principal Place of Business

21 26408 Bertram Rd.

2a. Mailing Address

26 26408 Bertram Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Brooksville Fl.

City & State

28 Brooksville Fl.

Zip

24 34602

Country

25 Hernando

Zip

29 34602

Country

30 Hernando

4. FEI Number

59-2899938

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 Fees8. 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

MEAD, JAMES
26408 BERTRAM RD.
BROOKSVILLE FL 34602

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James Mead*

(NOTE: Registered Agent signature required when reinstating)

1/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T Mead, ☐ DELETENAME ~~MEAD, NORMA~~
STREET ADDRESS 26408 BERTRAM ROAD
CITY - ST - ZIP BROOKSVILLE FL1.1 TITLE ☐ Change ☒ Addition1.2 NAME S Johnson, Betty
1.3 STREET ADDRESS 37095 Thorncrest Ave.
1.4 CITY - ST - ZIP Brooksville, FL 34602TITLE P ☐ DELETENAME MEAD, JAMES
STREET ADDRESS 26408 BERTRAM RD.
CITY - ST - ZIP BROOKSVILLE FL 346022.1 TITLE ☐ Change ☒ Addition2.2 NAME D Carl Taylor
2.3 STREET ADDRESS 27254 Flagler Ave.
2.4 CITY - ST - ZIP Brooksville, FL 34602TITLE D ☐ DELETENAME CRAWFORD, BOB
STREET ADDRESS 27199 ROPER ROAD
CITY - ST - ZIP BROOKSVILLE FL3.1 TITLE ☐ Change ☒ Addition3.2 NAME D Jess Russell
3.3 STREET ADDRESS 27089 Roper Rd.
3.4 CITY - ST - ZIP Brooksville, FL 34602TITLE D ☒ DELETENAME LOVELEY, FRANK
STREET ADDRESS 27442 OXEN LOOP
CITY - ST - ZIP BROOKSVILLE FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETENAME RAVEN, JAMES
STREET ADDRESS 6383 FRANK COURT
CITY - ST - ZIP BROOKSVILLE FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE VP ☐ DELETENAME CIGENIA, JOE
STREET ADDRESS 6461 BOXWOOD
CITY - ST - ZIP BROOKSVILLE FL 346026.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 21, 1997 799-1833

Date Daytime Phone # 0068314

CR2E037 (9/96)