


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90067 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26295					
1. Corporation Name HILL & DALE CRIME WATCH, INC.					
Principal Place of Business 26408 BERTRAM RD. BROOKSVILLE FL 34602 US			Mailing Address 26408 BERTRAM RD. C/O JAMES MEAD BROOKSVILLE FL 34602 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/05/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2899938	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

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			
				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				(NOT: Registered Agent signature required when reinstating)				DATE															
12. OFFICERS AND DIRECTORS												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
TITLE: T NAME: MEAD, NORMA STREET ADDRESS: 26408 BERTRAM ROAD CITY-ST-ZIP: BROOKSVILLE FL <input checked="" type="checkbox"/> DELETE												1.1 TITLE: T 1.2 NAME: FISHER, LESLIE 1.3 STREET ADDRESS: 27132 Roper Road 1.4 CITY-ST-ZIP: Brooksville, FL 34602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE: P NAME: MEAD, JAMES STREET ADDRESS: 26408 BERTRAM RD. CITY-ST-ZIP: BROOKSVILLE FL 34602 <input type="checkbox"/> DELETE												2.1 TITLE: S 2.2 NAME: EHRICH, OLIVE W. 2.3 STREET ADDRESS: 27378 Azen Loop 2.4 CITY-ST-ZIP: Brooksville, FL 34602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
TITLE: D NAME: CRAWFORD, BOB STREET ADDRESS: 27199 ROPER ROAD CITY-ST-ZIP: BROOKSVILLE FL <input checked="" type="checkbox"/> DELETE												3.1 TITLE: D 3.2 NAME: TOMPKINS, EUGENE R. 3.3 STREET ADDRESS: 27386 Azen Loop 3.4 CITY-ST-ZIP: Brooksville, FL 34602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE: D NAME: TAYLOR, CARL STREET ADDRESS: 27254 FLAGLER AVE CITY-ST-ZIP: BROOKSVILLE FL <input checked="" type="checkbox"/> DELETE												4.1 TITLE: D 4.2 NAME: SMITH, KEN A. 4.3 STREET ADDRESS: 6307 Pine Ridge Drive 4.4 CITY-ST-ZIP: Brooksville, FL 34602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE: D NAME: RAVEN, JAMES STREET ADDRESS: 6383 FRANK COURT CITY-ST-ZIP: BROOKSVILLE FL <input type="checkbox"/> DELETE												5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE: VP NAME: CICENIA, JOE STREET ADDRESS: 6461 BOXWOOD CITY-ST-ZIP: BROOKSVILLE FL 34602 <input checked="" type="checkbox"/> DELETE												6.1 TITLE: VP 6.2 NAME: EHRICH, BRICE W. 6.3 STREET ADDRESS: 6307 Crestview Avenue 6.4 CITY-ST-ZIP: Brooksville, FL 34602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED: JAMES MEAD, PRESIDENT** 04-20-99 352-799-8832
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)