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FILED

Apr 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001181 (7)

1. Corporation Name

HILLIARD FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

RT. 2, BOX 175  
FLAGHOLE RD.  
CLEWISTON FL 33440RT. 2, BOX 175  
FLAGHOLE RD.  
CLEWISTON FL 33440-94293. Date Incorporated or Qualified  
03/09/19933a. Date of Last Report  
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 Zip Country

4. FEI Number

65-0431778

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. 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

RIEF, FRANK J III  
100 NORTH TAMPA ST.  
SUITE 2900  
TAMPA FL 33602

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

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  
NAME HILLIARD, JOE A  
STREET ADDRESS RT 2, BOX 175, FLAGHOLE RD.  
CITY-ST-ZIP CLEWISTON FL 33440TITLE D  
NAME HILLIARD, JOE M  
STREET ADDRESS RT 2, BOX 175, FLAGHOLE RD.  
CITY-ST-ZIP CLEWISTON FL 33440TITLE D  
NAME HILLIARD, BARBARA J  
STREET ADDRESS RT 2, BOX 175, FLAGHOLE RD.  
CITY-ST-ZIP CLEWISTON FL 33440TITLE D  
NAME HILLIARD, JOE M II  
STREET ADDRESS RT 2, BOX 175, FLAGHOLE RD.  
CITY-ST-ZIP CLEWISTON FL 33440TITLE D  
NAME HILLIARD, MARY E  
STREET ADDRESS RT 2, BOX 175, FLAGHOLE RD.  
CITY-ST-ZIP CLEWISTON FL 33440TITLE D  
NAME HILLIARD, BRIAN R  
STREET ADDRESS RT 2, BOX 175, FLAGHOLE RD.  
CITY-ST-ZIP CLEWISTON FL 334401.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042630

CR2E037 (9/96)