


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90002 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001181 1. Corporation Name HILLIARD FAMILY FOUNDATION, INC.					
Principal Place of Business RT. 2, BOX 175 FLAGHOLE RD. CLEWISTON FL 33440			Mailing Address RT. 2, BOX 175 FLAGHOLE RD. CLEWISTON FL 33440		

373299-90053-24



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		03/09/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0431778	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
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 2800 TAMPA FL 33602			81 Name <u>Joe M. Hilliard</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>Rt 2 Box 175 Flaghole Road</u> 83 84 City <u>Clewiston</u> FL 85 Zip Code <u>33440</u>		
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 <u>Joe M. Hilliard</u>			DATE <u>4-21-99</u>		

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, JOE A	1.2 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, JOE M	2.2 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, BARBARA J	3.2 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, JOE M II	4.2 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, MARY E	5.2 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, BRIAN R	6.2 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	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 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 REQUIRED

4-8-99

941-983-5111 ext 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)