

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000086100

1. Entity Name
TEXAS HILL, INC.



FILED

08 MAR 19 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1390 N JEFFERSON STREET
MONTICELLO, FL 32344

Mailing Address
~~22354 92ND PATH~~
~~LIVE OAK, FL 32060~~



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
3109 APALACHEE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE, FL

Zip

Country

Zip

Country

32311 USA

03192008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5567573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, JACK W
22354 92ND PATH
LIVE OAK, FL 32060

7. Name and Address of New Registered Agent

Name

BO FOUNTAIN

Street Address (P.O. Box Number is Not Acceptable)

3109 APALACHEE PKWY

City

TALLAHASSEE

FL

Zip Code

32311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BO Fountain

3/19/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOUNTAIN, ROBERT L III	
STREET ADDRESS	586 OLD LLOYD RD.	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOUNTAIN, WALLACE T	
STREET ADDRESS	1162 PINE PARK RD.	
CITY-ST-ZIP	CAIRO, GA 39828	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FOUNTAIN, JACK W	
STREET ADDRESS	22354 92ND PATH	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100121257601	
CITY-ST-ZIP	03/25/08--01058--006 **150.00	
TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, WALLACE T.	
STREET ADDRESS	3109 APALACHEE PKWY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUNTAIN, BO	
STREET ADDRESS	3109 APALACHEE PKWY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BO Fountain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

Date

(850)510-3421

Daytime Phone #