

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000007198

1. Corporation Name
HILCO SERVICES, INC.

Principal Place of Business

2965 S DEER AVE
MIDDLEBURG FL 32068
US

Mailing Address

2965 S DEER AVE
MIDDLEBURG FL 32068
US

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90011 041 ***150.00

04-25-1999 90011 042 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

59-3162924

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

2. Principal Place of Business

2a. Mailing Address

21 4244 Hwy. 218

26 2965 S. Deer Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Middleburg, Fla.

27 Middleburg, Fla.

City & State

City & State

23

28

Zip

Country

24 32068

25

CLAY

29 32068

30

CLAY

9. Name and Address of Current Registered Agent

HILCHEY, SANDRA S
2965 S. DEER AVE.
MIDDLEBURG FL 32068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	DTV	<input type="checkbox"/> DELETE
NAME	HILCHEY, OWEN	
STREET ADDRESS	2965 S. DEER AVE.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	HILCHEY, SANDRA S	
STREET ADDRESS	2965 S. DEER AVE.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, JACK	
STREET ADDRESS	2965 S DEER AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, PAUL	
STREET ADDRESS	2965 S DEER AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

(904) 282-3876

Daytime Phone #

CR2E034 (11/98)