

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 15 AM 8:17

DOCUMENT # P93000077875 (1)

1. Corporation Name

HILL INDUSTRIES USA, INC.

Principal Place of Business

5824 BEE RIDGE ROAD
 SUITE 281
 SARASOTA FL 34233

Mailing Address

5824 BEE RIDGE ROAD
 SUITE 281
 SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

08/04/1994

4. FEI Number

65-0447311

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 has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHTRD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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 the # application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

**PSY
 HILL, CHRISJON M. J.
 5824 BEE RIDGE ROAD #281 "N/A"
 SARASOTA FL**

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

**VP
 PHILLIPS, ROBERT B.
 359 34TH AVENUE DRIVE EAST
 BRADENTON FL**

← remove

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
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 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP

**VP
 Hill, Chrisjon M.J.J.
 5824 Bee Ridge Rd #281
 Sarasota FL 34236**

☒ Change ☐ Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Chrisjon M. Hill President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95 (741) 954-0070
 (Date) (Telephone Area #)