

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

63 JUN -1 1996

DOCUMENT # **P94000013960 (7)**

1. Corporation Name:

HILLTOP TREES, INC.

Principal Place of Business

Mailing Address

**3738 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

**3738 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/21/1994

4. FEI Number

Applied For

59-3225049

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REID, EDWARD C
3738 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

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

Edward C Reid

Edward C Reid, President

1-16-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PVST
REID, EDWARD C
3738 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
REID, EDWARD C
3738 LAND O'LAKES BLVD
LAND O'LAKES FL 34639**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Edward C Reid

Edward C Reid, President

1-16-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

DOCUMENT # P94000014197 (5)

1. Corporation Name:

M G E R CATERING, INC.

Principal Place of Business

**P.O. BOX 623
BLOUNTSTOWN FL 32424**

Mailing Address

**P.O. BOX 623
BLOUNTSTOWN FL 32424**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 Blountstown, FL

2a. Mailing Address

26 P.O. Box 623

4. FEI Number

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Blountstown, FL

City & State

28 Blountstown, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 32424

Locality

25 Calhoun

Zip

29 32424

Country

30 Calhoun

8. This corporation has liability for intangible tax under S. 199 (32),
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SHEARD, GERALDINE B
SHEARD'S RD.
BLOUNTSTOWN FL 32424**

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

Geraldine B Sheard

5/23/95

Signature of agent or limited partner of registered agent and the applicable

(SEE NOTE) Registered Agent Signature required when handling

DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
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. TITLE	President	☐ Change ☐ Addition
2. NAME	Geraldine B Sheard	
3. STREET ADDRESS	Sheard's Road	
4. CITY, ST, ZIP	Blountstown, FL 32424	
2.1 TITLE	V. P	☐ Change ☐ Addition
2.2 NAME	Earlene Barnes	
2.3 STREET ADDRESS	314 Lockwood Ave	
2.4 CITY, ST, ZIP	Blountstown, FL 32424	
3.1 TITLE	Secretary	☐ Change ☐ Addition
3.2 NAME	Ruby Davis	
3.3 STREET ADDRESS	Rte 11 Box 301	
3.4 CITY, ST, ZIP	Blountstown, FL 32424	
4.1 TITLE	Asst. Secretary	☐ Change ☐ Addition
4.2 NAME	Margorie Peterson	
4.3 STREET ADDRESS	611 River Street	
4.4 CITY, ST, ZIP	Blountstown, FL 32424	
5.1 TITLE	0	☐ Change ☐ Addition
5.2 NAME	Amanda Dawson	
5.3 STREET ADDRESS	1037 Yates St	
5.4 CITY, ST, ZIP	Blountstown, FL 32424	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it would 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:

Geraldine B Sheard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 23, 1995 (904) 684-4204

(Type or Print Name)