

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000074358 (0)

1. Corporation Name
MINT HILL, INC.

Principal Place of Business
2830 WELLINGTON CIRCLE
201-
TALLAHASSEE FL 32308
US

Mailing Address
2830 WELLINGTON CIRCLE
201-
TALLAHASSEE FL 32308-6878
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 Suite 201
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite 201
28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified
10/11/1994

3a. Date of Last Report
03/04/1996

4. FEI Number
59-3274167

Applied For
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

9. Name and Address of Current Registered Agent

HOBBS, ROGER K
= 2816 KERRY FOREST PKWY, #A-10 =
= TALLAHASSEE FL 32308 =

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8559 Congressional Dr.
83
84 City Tallahassee FL 85 Zip Code 32312

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: *Roger K Hobbs*

(NOTE: Registered Agent signature required when reinstating)

DATE: 2-10-97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HOBBS, RONALD H.	
STREET ADDRESS	= 2830 WELLINGTON CIRCLE =	
CITY - ST - ZIP	= TALLAHASSEE FL =	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HOBBS, ROGER K	
STREET ADDRESS	= 2830 WELLINGTON CIRCLE, SUITE 201 =	
CITY - ST - ZIP	= TALLAHASSEE FL =	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2930 Wellington Circle Suite 201	
1.4 CITY - ST - ZIP	Tallahassee, FL 32308	
2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2930 Wellington Circle, Suite 201	
2.4 CITY - ST - ZIP	Tallahassee, FL 32308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

Roger K Hobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2-10-97

DAYTIME PHONE: 904-420-0040

CR2E034 (9/96)