


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

0051596

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90228 036 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000074358</b>					
1. Corporation Name <b>MINT HILL, INC.</b>					
Principal Place of Business <b>2930 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32308 US</b>			Mailing Address <b>2930 WELLINGTON CIRCLE STE 201 TALLAHASSEE FL 32308 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/11/1994</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3274167</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HOBBS, ROGER K 2930 WELLINGTON CIR STE 201 TALLAHASSEE FL 32308</b>			10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>HOBBS, RONALD H.</b>					
1.3 STREET ADDRESS <b>2930 WELLINGTON CIRCLE, SUITE 201</b>					
1.4 CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>					
2.1 TITLE <b>PTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <b>HOBBS, ROGER K.</b>					
2.3 STREET ADDRESS <b>2930 WELLINGTON CIRCLE, SUITE 201</b>					
2.4 CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>					
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 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:  **Roger K. Hobbs**

X **3-5-99**

Date

X **850-422-0040**

Daytime Phone #

CR2E034 (11/98)