

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL 25 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000081581 (8)

1. Corporation Name

K.L. HILL MASONRY INCORPORATED



Principal Place of Business

1132 S.W. MIDLAND LANE  
PORT ST. LUCIE FL 34953

Mailing Address

1132 S.W. MIDLAND LANE  
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

06/10/1996

4. FEI Number

65-0542054

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 or has paid the current year intangible  
Personal Property Tax due June 30. ☐ 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

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

HILL, KEVIN LANCE  
1132 S.W. MIDLAND LANE  
PORT ST. LUCIE FL 34953

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME  
HILL, KEVIN L  
STREET ADDRESS  
1132 S.W. MIDLAND LANE  
CITY-ST-ZIP  
PORT ST. LUCIE FL 34953

TITLE ☐ DELETE

NAME  
HILL, DEBORAH E  
STREET ADDRESS  
1132 S.W. MIDLAND LANE  
CITY-ST-ZIP  
PORT ST. LUCIE FL 34953

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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. 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

CR2E034 (4/97)

2-2

To: DIVISION OF CORPORATIONS  
Subject: SECOND NOTICE  
GENTLEMEN;

I JUST RECEIVED A SECOND NOTICE ANNUAL REPORT SECTION. I HAVE NEVER RECEIVED THE FIRST ANNUAL REPORT SECTION. IF I WOULD OF RECEIVED THE FIRST ONE I WOULD OF PAID IT INSTEAD OF PAYING ADDITIONAL \$385.00. IT IS NOT SENSIBLE NOT TO PAY THE FIRST NOTICE. WE DO NOT WANT TO PAY THE ADDITIONAL FEE AND WE DO NOT WANT TO LOSE OUR COPORATION STATUS. PLEASE FIND ENCLOSED APPLICATION FEE OF \$165.00 AND ANNUAL REPORT

THANK YOU  
DEBORAH HILL  
561-336-9330

/ lines 1-21 of 21 /

PF 1=Help 2=Exit 3=Return 4=Mail 5=Ledit 6=IDs 7=Back 8=Fwd 9=Options EMCC0100  
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