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FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

65-0542054

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 16515 NW 203RD STREET  
Suite, Apt. #, etc.

2a. Mailing Address

26 16515 NW 203RD STREET  
Suite, Apt. #, etc.

22 City & State

23 Okcechobee, FL

24 Zip 34902 25 US

27 City & State

28 Okcechobee, FL

29 Zip 34902 30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

16515 NW 203RD STREET (address change)

83

84 City

Okcechobee

FL

85 Zip Code

34902

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 *Kevin L. Hill*

Signature, typed or printed name of registered agent and his or her title

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

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

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

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

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 16515 NW 203RD ST  
1.4 CITY-ST-ZIP Okcechobee, FL 34902 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 16515 NW 203RD ST  
2.4 CITY-ST-ZIP Okcechobee, FL 34902 ☒ 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 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: *Kevin L. Hill* Kevin L. Hill

4/20/98

561-260-0535  
941-357-1299

CP2E034 (10/97)