

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031473 (8)

1. Corporation Name

HILLSBORO LAND DEVELOPMENT CO.



Principal Place of Business

11780 US HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

Mailing Address

11780 US HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified

04/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 4403 W. Hillsboro Blvd.

2a. Mailing Address

26 7443 Lee Davis Road

4. FEI Number

65-0590664

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 300

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Coconut Creek, FL

City & State

28 Mechanicsville, VA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33073

Country

25 Broward

Zip

29 23111

Country

30 Hanover

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

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

Signature typed or printed name of registered agent and official applicable

2001E Registered Agent signature required when installing

DATE

12. OFFICERS AND DIRECTORS

TITLE Pres., Sec., Tres. ☐ DELETE
NAME Craig I. Menin
STREET ADDRESS 7443 Lee Davis Road, Suite 300
CITY-ST-ZIP Mechanicsville, VA - 23111

TITLE Vice-Pres. ☐ DELETE
NAME J. Thomas O'Brien
STREET ADDRESS 7443 Lee Davis Road, Suite 300
CITY-ST-ZIP Mechanicsville, VA - 23111

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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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

100001774161
-04/09/96--01107--016
***200.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. THOMAS O'BRIEN

4/5/96 (804) 746-4500

CS 4/9/96

CR2E034 (12/95)