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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

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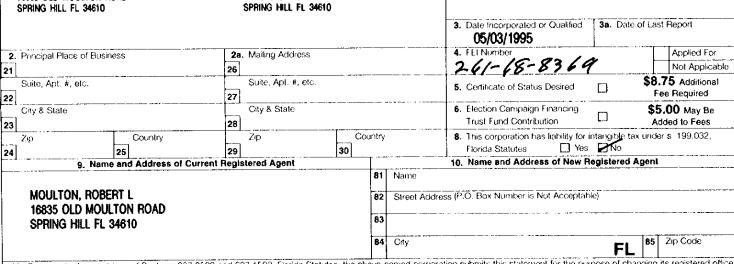
1. Corporation Name

HICKS PARK INC.

Principal Plac	e of Business	
16835 OLD	MOULTON ROAD	

Mailing Address

16835 OLD MOULTON ROAD SPRING HILL FL 34610



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 of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	Signature typed or printed name of registered agent and title if applicable. (NO OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	DELETE	1 1 TITLE	Change Addition	
NAME	MOULTON, ROBERT L		1.2 NAME		
STREET ADDRESS	16835 OLD MOULTON ROAD		. 13 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610		1.4 CHTY - ST - ZIP		
TILE	D	DELETE	2 1 TITLE	Change Addition	
NAME	MOULTON, ROBERT L		2 2 NAME		
STREET ADDRESS	16835 OLD MOULTON ROAD		2 3 STREET ADDRESS		
CHTY-ST-ZIP	SPRING HILL FL 34610		2 4 City+St ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C-TY - ST - ZIP			34 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE	Change Addition	
NAME			4 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4.CITY - ST - ZiP		
TITLE		☐ DELETE	5 1 TITLE	Change Addition	
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - \$T - ZIP		
TITLE		DELETE	6.13(1) F	Change Addition	
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-S1-ZIP	by the everywhere statust in Section 119 07(3)(k). Fronta Statutes, I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and cloes 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 eath; 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 OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 813-856-1507

CR2E034 (12/95)