

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083176 (4)

1. Corporation Name

HILFORD, INC.

Principal Place of Business

650 N.E. OCEAN BLVD.
STUART FL 34996

Mailing Address

650 N.E. OCEAN BLVD.
STUART FL 34996



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1995		3a. Date of Last Report	
21. 650 N.E. OCEAN BLVD.		26. 650 N.E. OCEAN BLVD.		4. FEI Number 63-0614845		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State STUART FL 34996		28. City & State STUART FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Zip 34996		29. Zip 34996		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
25. Country USA		30. Country USA					

9. Name and Address of Current Registered Agent

HILFORD, CAROLINE C
650 N.E. OCEAN BLVD.
STUART FL 34996

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Numbers 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 of registered agent or person authorized to accept appointment

(NOTE: Registered Agent signature required when resigning.)

Date

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	HILFORD, CAROLINE C	
STREET ADDRESS	650 N.E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
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

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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 617, 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

CAROLINE C. HILFORD

6/7/96

407-225-1100

CR2E034 (3/96)