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Malling Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STHEET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if change



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084992 (3)

CAROLYN HILL ENTERPRISES. INC.

6225 FAIRWAY BAY BLVD SOUTH 6225 FAIRWAY BAY BLVD SOUTH **GULFPORT FL 33707 GULFPORT FL 33707-3975** 3. Date Incorporated or Qualified Sa. Date of Last Report 11/02/1995 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3344284 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILL, CAROLYN **6225 FAIRWAY BAY BLVD SOUTH B2** Street Address (P.O. Box Number is Not Acceptable) **GULFPORT FL 33707** 83 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signorine typica or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TILLE HILL, CAROLYN 1.2 NAME NAM 6225 FAIRWAY BAY BLVD SOUTH 13 STREET ADDRESS STREET ADDRESS **GULFPORT FL 33707** CITY - ST - ZIP 14 City+St-ZiP DELETE Change L Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIE 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST AP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP COLY - S1 - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C(1Y - \$1 - 7)P DELETE Change Addition THEF 61 TITLE NAME 62 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 path; 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

1 - CHEDIAN HILL

ment with an address