## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600067439 (5)

## L. HILL TRIM CARPENTRY INC.

Principal Place of Business Mailing Address 12909 HICKS RD. 12809 HICKS RD. HUDSON FL 34669 HUDSON FL 34669-3808 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **59-3404**948 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HILL, LARRY E 12809 HICKS RD. **B2** Street Address (P.O. Box Number is Not Acceptable) **HUDSON FL 34669** 83 64 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, am familiar with, and accept the objigations of, Section 607.0505, Florida Statutes. **GIGNATUR** Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) TITLE DELETE Preoident 1.1 TALE ☐ Change Addition NAM 12 NAME 12809 Hicks Pd. STREET ADDRESS 1.3 STREET ADDRESS Hudson, FL 34669 1.4 CITY - ST - ZIP CHY-ST-2iP TITLE DELETE 2.1 TITLE Change **Addition** NAME Debbie Hill 2.2 NAME 12809 Hicks Rd. STREET AUDRESS 2.3 STREET ADDRESS Hudson, FL 34669 CITY-ST-ZIP 2. 4 CITY - ST-ZIP THILE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4 CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - ZIP 4.4 CITY - ST-7IP DELETE Change Addition TIME 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - \$1 - 70P THUE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS

64 CITY+ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemplion 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

CITY - \$1 - 70P