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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067439 (5)

L. HILL TRIM CARPENTRY INC.

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
								· 	
12809 HICKS RD.									
HUUSON FL	34089	HUDSON FL 34669				DO NOT WRITE II	N THIS SPACE		
						3. Date Incorporated or Qualified			
					ŀ	08/07/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	· i i	Applied For	
21		26				59-3404942		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			···		60.7	5 Additional	
22		27				5. Certificate of Status Desired		Required	
		City & State	City & State			6. Election Campaign Financing \$5.00 May Be		May Ba	
28		28				Trust Fund Contribution Added to Fees			
Zip	Country Z _I p		Cour	Country		8. This corporation owes or has paid the current year intangible			
24	25 29 30		30	Personal Property Tax due June 30. X Yes No					
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Regi	stered Agent		
HIL	L, LARRY E			81 Nam	me				
	309 HICKS RD.		-	ea Circ	at Address	/D.O. Bay Number is Not Assessable			
HUDSON FL 34669			ľ	Street Address (P.O. Box Number is Not Acceptable)					
110	DODIT I E 04960		1	83					
			-	84 City	/		FL 85 Z	ip Code	
		00 007 4500 Florida Otta				A)		- 11	
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obti	te of Florida. Such change was a igations of, Section 607.0505, Flor	uthorized rida Statu	by the cutes.	corporation	ation submits this statement for the pu 's board of directors. I hereby accept	the appointment	as registered	
SIGNATURE	Signature, typed or printed name of registered a	AVITE	Basistand	Anani siona	abuta tamuisadu	when reinstating)	DATE		
12.		ND DIRECTORS	13.	Agent signs	arms redused a	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	P	DELETE	1.1 717	ı F		ADDITIONO OF THE	☐ Chang	***************************************	
NAME	LARRY E. HILL		1.2 NA						
STREET ADDRESS	12809 HICKS RD.			reet addres					
1	HUDSON FL		- 6		∞				
CITY-ST-ZIP TITLE	ST	DELETE	2.1 TIT	Y-ST-ZIP	- 		Chang	e	
NAME	DEBBIE HILL	_ ottett	2.2 NA			. *			
	12809 HICKS RD.								
STREET ADDRESS				REET ADDRES	SS				
CITY-ST-ZIP	HUDSON FL	T Drugge	_	TY-ST-ZIP			Chan	Addition	
TITLE		☐ DELETE	3.1 TITI				Chang	e Addition	
HAME			3.2 NA					- 1	
STREET ADDRESS				REET ADDRES	ss			. 1	
CITY-ST-ZIP				TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		14.00	
TITLE		☐ DELETE	4.1 711				Chang	pe 🔲 Addition	
HAME			4. 2 NA	ME				1	
STREET ADDRESS			4.3 STF	REET ADDRES	SS			1	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TIT	LE	1		☐ Chang	e	
HAME			5.2 NA	ME				l	
STREET ADDRESS			5.3 STF	REET ADDRES	ss				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			•	1	
TITLE		DELETE	6.1 TIT		- 		Chang	e Addition	
NAME			6.2 NA		İ				
STREET ADDRESS				REET ADDRES	22				
CITY CT 710				100 NOUTES]	

14. Thereby 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this Tepert 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: DEBBIE L. HIL

C2-13-98/813/862-4753