

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

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90013 012 \*\*\*550.00

0119751

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000098356**

1. Corporation Name  
**C. BUD HILL, INC.**

593006 - 90013 - 12



Principal Place of Business  
 485 STAN DRIVE  
 MELBOURNE FL 32904

Mailing Address  
 POST OFFICE BOX 360652  
 MELBOURNE FL 32936  
 HI

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/01/1997**

4. FEI Number **59-3413377** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, CORDELL K  
 310 AVENIDA DEL SOL  
 INDIALANTIC FL 32903

81 Name **HILL, CORDELL K.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1101 S. SHANNON AV.**  
 83  
 84 City **INDIALANTIC** FL 85 Zip Code **32903**

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

*CordeLL K. Hill*

*CordeLL K. Hill Pres.*

**9-12-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUTHY, LISA ANN</b>	
STREET ADDRESS	<b>310 AVENIDA DER SOL</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, CORDELL K</b>	
STREET ADDRESS	<b>310 AVENIDA DER SOL</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HILL, CORDELL K.</b>
1.3 STREET ADDRESS	<b>1101 S. SHANNON AV.</b>
1.4 CITY-ST-ZIP	<b>INDIALANTIC - FL - 32903</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE:

*LISA ANN LUTHY*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-15-99**

**407-723-4700**

Date

Daytime Phone #

CR2E034 (11/98)