

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90112 021 \*\*\*150.00

DOCUMENT # P98000009428

1. Corporation Name

GEORGIA A. HILLER, P.A.

Principal Place of Business

1100 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102

Mailing Address

1100 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0871919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

21 5851 CHARLTON WAY  
Suite, Apt. #, etc.

22

City & State

23 NAPLES FLORIDA

Zip

24 34109

Country

25 USA

2a. Mailing Address

26 2316 PINE RIDGE RD.

Suite, Apt. #, etc.

27 SUITE 353

City & State

28 NAPLES, FLORIDA

Zip

29 34109

Country

30 USA

9. Name and Address of Current Registered Agent

HILLER, GEORGIA A  
1100 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

GEORGIA A. HILLER

82 Street Address (P.O. Box Number is Not Acceptable)

5851 CHARLTON WAY

83

84 City

NAPLES

FL

85 Zip Code

34109

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

GEORGIA HILLER

4/5/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HILLER, GEORGIA A  
STREET ADDRESS 1100 FIFTH AVENUE SOUTH, SUITE 201  
CITY-ST-ZIP NAPLES FL 34102

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition

1.2 NAME SAME  
1.3 STREET ADDRESS 2316 PINE RIDGE RD. SUITE 353  
1.4 CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/5/99

941-593-5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0455121

CR2E034 (1/98)