

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90233 015 ***150.00

DOCUMENT # P98000086801

1. Corporation Name
HILLS COURT, INC.



Principal Place of Business
2117 HILLS AVE.
TAMPA FL 33609

Mailing Address
220 E. MADISON ST. STE. 1110
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

59-3536514

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 332 St. Augustine

Suite, Apt. #, etc.

27 City & State

28 Temple Terrace, FL

Zip

29 33617

Country

30 USA

9. Name and Address of Current Registered Agent

GREIWE, THOMAS H
220 E. MADISON ST. STE. 1110
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Kimberlee E. Gerdon

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

332 St. Augustine

83

84 City

Temple Terrace

FL

85 Zip Code

33617

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
President	Phoebe Erb Spaid	148 Somerton Drive	Montgomery, TX 77356	<input type="checkbox"/>
Vice-President	James L. Erb, Jr.	1019 Sterling Ave.	Tampa, FL 33629	<input type="checkbox"/>
Secretary	Kimberlee E. Gerdon	332 St. Augustine	Temple Terrace, FL 33617	<input type="checkbox"/>
Public Relations Director	Deborah E. Monaco	1050 Normandy Trace Road	Tampa, FL 33602	<input type="checkbox"/>
Treasurer/Manager	Denise E. Winter	2902 Parkland Blvd.	Tampa, FL 33609	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Kimberlee E. Gerdon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

Daytime Phone #

CR2E034 (1/1/98)

0363773