## 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** 

## DOCUMENT # P98000101258

1. Corporation Name

HILLIKER ENTERPRISES, INC.

Principal Place of Business						
500 CLEMATIS STREET						
WEST PALM BEACH FL 33401						

Dringing Blood of Business

Mailing Address

2n Mailing Address

**500 CLEMATIS STREET** WEST PALM BEACH FL 33401

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90075 045 \*\*\*150.00

DO NOT WRITE IN THIS	S SPACE					
3. Date Incorporated or Qualifed						
11/30/1998						
4. FEI Number	Applied For					
59-3547043	Not Applicable					

۷.	CINICIPAL FIACO OI DUSINESS	s Ea. Walling Address				59-3547043		1 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Applied For
1		26						59-3547043		Not Applicable
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	-		-	5.	Certificate of Status Desired	-	75 Additional se Required
3	City & State	28	City & State				6.	Election Campaign Financing Trust Fund Contribution	-	.00 May Be ided to Fees
4	Zip Country	29	Zip	30	ountry		8.	This corporation owes the current year In Personal Property Tax.	tangible	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
FROST, RONALD W			81	Name						
2854 FLORAL ROAD LANTANA FL 33462		82	Street Address (P.O. Box Number is Not Acceptable)							
		•			83			,		•••
			•		84	City			85	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE 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.	·	TO OFFICERS AND DIRECTO	RS IN 12			
TITLE	PD DELETE	1.1 TITLE		☐ Change	Addition			
NAME	HILLIKER, GREGROY W	1.2 NAME			ļ			
STREET ADDRESS	404 HANDOOD OOLIDT	1.3 STREET ADDRESS			-			
CITY-ST-ZIP	ATLANTIS FL 33462	: 1.4 CITY-ST-ZIP						
TITLE	VD DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME	HILLIKER, JEFFREY A	2.2 NAME			ļ			
STREET ADDRESS	104 WINDSOR COURT	2.3 STREET ADDRESS						
CITY-ST-ZIP	ATLANTIS FL 33462	2.4 CITY-ST-ZIP	بالمسيوانية بالا					
TITLE	D DELETE	3.1 TITLE	<u> </u>	☐ Change	☐ Addition			
NAME	HILLIKER, LAURA S	3.2 NAME						
STREET ADDRESS	104 WINDSOR COURT	3.3 STREET ADDRESS						
CITY-ST-ZIP	ATLANTIS FL 33462	3.4. CITY-ST-ZIP						
TITLE	D FROIT	4.1 TITLE		☐ Change	Addition (			
NAME	FORST, RONALD W	4. 2 NAME						
STREET ADDRESS	104 WIMBSOR COURT 2854 FLORAL ROAD	4.3 STREET ADDRESS						
CITY-ST-ZIP	ATLANTIS FL 33462 LANTANA FL 33462	4.4 CITY-ST-ZIP						
TITLÉ	☐ DELÈTE	5.1 TITLE		☐ Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u></u>					
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition			
NAME		6.2 NAME			1			
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		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: