

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000033126

1. Entity Name
OAKHILL, INC.



Principal Place of Business
1324 S. MAIN ST.
BELLE GLADE, FL 33430

Mailing Address
1324 S. MAIN ST.
BELLE GLADE, FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1091806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALSTON, CALVIN D
1324 S. MAIN ST
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name H.E. Hill
Street Address (P.O. Box Number is Not Acceptable)
1324 South Main Street
City Belle Glade FL 33430

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE HE Hill Pres
Signature, typed or printed name of registered agent and title if applicable.

HE Hill Pres/D
(NOTE: Registered Agent signature required when reinstating)

10-8-05
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HILL, H.E.
STREET ADDRESS 1324 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE VPD ☒ Delete
NAME ALSTON, CALVIN D
STREET ADDRESS 1324 S. MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE S ☒ Delete
NAME MILLER, MONA L
STREET ADDRESS 1324 S. MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ☐ Delete
NAME JP 10/21
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600060693916
STREET ADDRESS 10/17/05--01081--005 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S. Alston, Barbara H.
STREET ADDRESS 1324 South Main St
CITY-ST-ZIP Belle Glade FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HE Hill Pres HE Hill Pres/D 10/8/05 561-996-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #