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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$38054

(0)

ROLLING HILLS COMMUNITY, INC.

U

Principal Place of Business

Mailing Address

8117 BAHIA BLANCA ST JACKSONVILLE FL 32256 B117 BAHIA BLANCA ST JACKSONVILLE FL 32258-7334 FILED May 23 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 03/08/1991	3a- Date of Last Report 03/19/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	Belle Rive Blvd.		e Rive Blv	d 59-3058722	Not Applicable	
Suite Apt #, etc. 22 #101		Suite. Apt. #, etc. 27 #101		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Jacksonville, Fla.		City & State 28 Jacksonville, Fla.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24 3225		Zip 29 32256	Country 30 Duval		Yes No	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Regis	stered Agent	
DIX,RANSALL C. SR.				x,Randall C Sr		
JACKSONVILLE FL 32256 82 Street Addres				dress (P.O. Box Number is Not Acceptable) 10 Belle Rive Blvd #101		
			84 City	cksonville, Fla. 322!		
			Gity City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named c	orporation submits this statement for the pur	pose of changing its registered	
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligate	Florida. Such change was at	uthorized by the corpo	ration's board of directors. I hereby accept	the appointment as registered	
~			D A	11 11 10 10	F 00 07	
SIGNATURE	Randall C. Dix S	and title if applicable. (NOTE	Registered Agent signature re	equired when reinstating;	5-20-97 DATE	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
THILE	PO	DELETE	1.1 THE PD	ix, Randall C Sr	Change Addition	
MAMI	DIX, RANDALL C. SR.		1.2 NAME	.0010 Belle Rive Blv	√R #101	
STHEET ADDRESS 8117 BAHIA BLANCA ST				cksonville, Fla. 32256		
CIEV SI-7P	JACKSONVILLE FL		1.4 CITY-ST-ZIP	acksonville, fla. 3	2230	
11111	VTS	☐ DELETE	2 7 7 7		Change Addition	
·	CRIBBS, VERNON L		· · · · · · · · · · · · · · · · · · ·	TSD	onango Em roamon	
NAM)	2333 COMMODORES CLUB BL	. ·	22 NAME	ribbs, Vernon L		
STREET ACORESS	ST. AUGUSTINE FL 32085	TU .	23 STHEET ADDRESS 3	317 Woodbury CE		
CHY-ST-ZIP	81. AUGUSTINE PL 32003		2 4 CITY-ST-ZIP	t Augustine,Fla. 320	085	
THILE		DELETE	1		Change Addition	
NAME			32 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CHY-ST-7F			3.4. CITY-ST-ZIP			
THLE		☐ DELETE	4.1 TITLE		Change Addition	
NAMÉ			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZIP			4.4 CITY-ST-ZIP			
HTLE		☐ DELETE	5.1 TITLE		Change Addition	
NAM:			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City - St. 70°			5.4 City-St-ZiP			
ilité		☐ DELETE	6.1 TITLE		Change Addition	
NAMY		—	6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			
CITY - S1 - ZiP			6.4 CITY+ST-ZIP			

4. I do 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 chirector of the corporation or the receiver or trustee approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Randall C Dix Pres

904-641-1876

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