

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90147 038 ***150.00

DOCUMENT # V45560

1. Corporation Name

C.B. HILL & ASSOCIATES, INC.

Principal Place of Business

**2970 HARTLEY ROAD
SUITE 102
JACKSONVILLE FL 32257**

Mailing Address

**2970 HARTLEY ROAD
SUITE 102
JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1992

2. Principal Place of Business

21 10296 Arrowhead Dr.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, Fl.

Zip Country

24 32257 25 USA

2a. Mailing Address

26 10296 Arrowhead Dr.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, Fl.

Zip Country

29 32257 30 USA

4. FEI Number

59-3120618

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

9. Name and Address of Current Registered Agent

**SKILLMAN, WISE A., III
1604 ARCADIA DR., #315
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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 607.0503, Florida Statutes.

SIGNATURE

Wise A. Skillman III
Signature, typed or printed name of registered agent and title if applicable.

Wise A. Skillman III / President
(NOTE: Registered Agent signature required when reinstating)

DATE

1-19/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
SKILLMAN, WISE A III
10296 ARROWHEAD DR
JACKSONVILLE FL 32257**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
SKILLMAN, WISE A III
10296 ARROWHEAD DR
JACKSONVILLE FL 32257**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
SKILLMAN, WISE A III
10296 ARROWHEAD DR
JACKSONVILLE FL 32257**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
SKILLMAN, WISE A III
10296 ARROWHEAD DR
JACKSONVILLE FL 32257**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
SKILLMAN, WISE A III
10296 ARROWHEAD DR
JACKSONVILLE FL 32257**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
SKILLMAN, WISE A III
10296 ARROWHEAD DR
JACKSONVILLE FL 32257**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
SKILLMAN, WISE A III
10296 ARROWHEAD DR
JACKSONVILLE FL 32257**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Wise A. Skillman III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wise A. Skillman, III

1-19/99

904-880-

Date

Daytime Phone #

7068

CR2E034 (11/98)