

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L17283 (7)

1. Corporation Name
HILL NUTRITION ASSOCIATES, INC.

Principal Place of Business Mailing Address
**204 WINNACHEE DRIVE 204 WINNACHEE DRIVE
STUART FL 34994 STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1969	3a. Date of Last Report 09/23/1994
4. FEI Number 16-1131911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Has corporation been liable for excise tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Country
25 Country	30 Country

9. Name and Address of Current Registered Agent SUNDHEIM, FREDERICK G. JR. 301 WEST FIRST STREET STUART FL 34994	10. Name and Address of New Registered Agent
81 Name	
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 607.1503, 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 of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPS	HILL, LYNNE S. 204 WINNACHEE DR. STUART FL	11 TITLE	
DVT	HILL, WILLIAM A. 204 WINNACHEE DR. STUART FL	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		16 NAME	
		17 STREET ADDRESS	
		18 CITY, ST, ZIP	
		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		20 NAME	
		21 STREET ADDRESS	
		22 CITY, ST, ZIP	
		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		24 NAME	
		25 STREET ADDRESS	
		26 CITY, ST, ZIP	
		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		28 NAME	
		29 STREET ADDRESS	
		30 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Sections 190.07(1)(a), Florida Statutes. I further certify that the information submitted on this annual report or supplementary 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 represented by this annual report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *William A. Hill* **WILLIAM A. HILL** 6/28/95 407-220-8058

CR2E034 (3/95)