

363a

Please complete in typescript, or in bold black capitals.

	An	nual	l Retu	ırn
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**CHFP029** 

**Company Number** 

1318783

**Company Name in full** 

R.D.Lillis & Sons Limited

Date of this return (See note 1) The information in this return is made up to

Day Month		100	<u> </u>
2 9	0 8	1  9	9   9

Date of next return(See note 2) If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

Day	Month	Year	
2 9	0 8	2 10 10	0

Registered Office(See note 3) Show here the address at the date of this return.

Any change of registered office must be notified on form 287.

Post town

**AYLESBURY** 

**OXFORD ROAD** 

County / Region

**BUCKS** 

Postcode

HP21 8SZ

## Principal business activities

(See note 4)

Show trade classification code number(s) for the principal activity or activities.

7499		<del></del>	

If the code number cannot be determined, give a brief description of principal activity.



When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

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<b>Register of members</b> (See note 5) If the register of members is not kept at the registered office, state here where it is kept.							
		Post town					
		County / Region				Postcode	
Posistor of I	Dobon	tura haldara					
(See note 6)		ture holders					
If there is a registe and it is not kept a state here where it	t the regis						
		Post town					
		County / Region				Postcode	
Company ty	<b>ne</b> (See	note 7)					
Public limited compa		,					
	-						
Private company limited by shares  Private company limited by guarantee without			X				
share capital  Private company limited by shares exempt under section 30			Please mark the appropriate box				
Private company limited by guarantee exempt under section 30							
Private unlimited company with share capital							
Private unlimited company without share capital			<u> </u>				
Company Se	ecreta	<b>ry</b> (see notes 1-5)	Details of a new	/ compan	y secretar	y must be notifi	ied on form 288a.
(Please photocopy this area to provide	Name	* Style / Title				*Honours etc	
details of joint secretaries).		Forename(s)					
		Surname	RISECRETARIES LIMITED				
* Voluntary details.	Prev	vious forename(s)					
	vious surname(s)						
Address			OXFORD ROAD			<del></del> =_=	
Address							
Usual residential addressmust be							
given. In the case corporation, give	e case of a		AYLESBURY				
registered or print office address.		County / Region	BUCKS			Postcode	HP21 8SZ
onice address.		Country					

Directors (see no			Details of new director	s must be notified	on form	288a
Please list directors in alphabetical order.  Name * Style / Title			MRS			
Ni	ame	* Style / Title			Day	Month Year
* Honours etc				Date of birtl	1 7	0 9 1 9 5 6
		Forename(s)	ANN ELIZABETH			
		Surname	GRIFFITHS			
	Previ	ous forename(s)				
·	Prev	vious surname(s)				
A	ddress		CLIFTON JON, WITNEY RO	DAD		
Usual residentia	al				-	
address must be given. In the case	of a	Post town	KINGSTON BAGPUIZE			
corporation, give the registered or prince office address.		County / Region	OXFORDSHIRE	P	ostcode	OX13 5AN
0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Country	ENGLAND	Nat	ionality	BRITISH
В	usiness	occupation	GROUP SECRETARIAT MA	ANAGER		
0	ther dir	ectorships				
* Voluntary details.						
			1			
N	ame	* Style / Title	MR		Day	Month Year
		* Honours etc		Date of birtl	1 2 3	0 3 1 9 4 7
		Forename(s)	JOHN DORAN		<u>-</u>	
Surname Previous forename(s)			PAGET			
Previous surname(s)		vious surname(s)				
Address			THE GABLES, 96 BURCOTT LANE			
Usual residential address must be		BIERTON				
given. In the case corporation, give the	re the Post to		AYLESBURY			
registered or princ office address.	cipal	County / Region	BUCKS	P	ostcode	HP22 5AS
		Country		Nat	ionality	BRITISH
В	usiness	s occupation	INSURANCE MANAGER			
o	ther dir	rectorships				
					- "	

	Class	Number of	Aggregate			
Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	(e.g. Ordinary/Preference)	shares issued	Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)			
	5% NON CUM.PREF.	100	£ 100.00			
	O£0.50P	200	£ 100.00			
	Totals	300	£ 200.00			
List of past and present members (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes		:			
returns. (see note 10)	on paper in another format  A list of changes is enclosed					
	A full list of members is	enclosed				
Elective resolutions (Private companies only) (See note 11)	If at the date of this retu	rn an election is in force annual general meeting				
	If at the date of this return laying according	rn an election is in force ounts in general meetings				
Certificate	I certify that the informat knowledge No Chelle EH/ Risecretaries Limite	ALF OF	s true to the best of my			
Signed † Please delete as appropriate.	t a authorisod signator		06/09/99			
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes	(enter number)	ntinuation sheets.			
Please give the name, address, telephone number, and if available, a DX number and Exchange, for	MRS A.E. GRIFFITHS, OXFORD R	OAD, AYLESBURY, BUCKS, HP21 8	asz .			
the person Companies House should contact if there is any query.		Tel 01296-335000				
	DX number	DX exchange	1			