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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 633798

1. Corporation Name
H & H CARPENTRY, INC.

Principal Place of Business	Mailing Address
2658 SUNSET DRIVE NEW SMYRNA BCH. FL 32168 US	2658 SUNSET DRIVE NEW SMYRNA BCH. FL 32168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/27/1979

2. Principal Place of Business
21 1302 W. Canal Road
Suite, Apt. #, etc.
22
City & State: 23 New Smyrna Beach, FL
Zip: 24 32168 Country: 25 USA

2a. Mailing Address
26 1302 W. Canal Road
Suite, Apt. #, etc.
27
City & State: 28 New Smyrna Beach, FL
Zip: 29 32168 Country: 30 USA

4. FEI Number: 59-1938375 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

HITCHNER, HOWELL JR
2658 SUNSET DRIVE
NEW SMYRNA BCH. FL 32168

10. Name and Address of New Registered Agent

81 Name: Hitchner, Howell Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1302 W. Canal Road
83
84 City: New Smyrna Beach FL 85 Zip Code: 32168

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HITCHNER, HOWELL JR		1.2 NAME	X
STREET ADDRESS	2658 SUNSET DRIVE		1.3 STREET ADDRESS	1302 W. Canal Road
CITY-ST-ZIP	NEW SMYRNA BCH. FL		1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HITCHNER, LORI A.		2.2 NAME	X
STREET ADDRESS	2658 SUNSET DRIVE		2.3 STREET ADDRESS	1302 W. Canal Road
CITY-ST-ZIP	NEW SMYRNA BCH. FL		2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HITCHNER, EDWARD		3.2 NAME	
STREET ADDRESS	2658 SUNSET DRIVE		3.3 STREET ADDRESS	1302 W. Canal Road
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Howell Hitchner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howell Hitchner, Jr. President

1/6/99
Date

904-426-0542
Daytime Phone #