FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G58482** **(2)**

1. Corporation Name

H AND H CORVETTE, INC.

Principal Place of Business	Mailing Address
C/O JAMES C. HARRELSON 100 O'BRIEN ROAD FERN PARK FL 32730	C/O JAMES C. HARRELSON 100 O'BRIEN ROAD FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1983**

3a. Date of Last Report: **06/23/1994**

4. FEI Number: **59-2467757** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. # etc.	27	Suite, Apt. # etc.
23	City & State	28	City & State
24	Zip / 25 County	29	Zip / 30 County

9. Name and Address of Current Registered Agent

HARRELSON, JAMES C.
100 O'BRIEN ROAD
FERN PARK FL 32730

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 Section 607.0502, 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. The street address of the registered office and the name of the registered agent of the corporation in Florida are:

Signature(s)

12.	OFFICER AND/OR DIRECTOR	13.	ADDITIONS, CHANGES, TO OFFICER AND/OR DIRECTOR
	PD HARRELSON, JAMES C. 1831 ASTER DRIVE MAITLAND FL		☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. For profit corporations only: I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 1 or Block 12 if changed or added above or on an attachment with an address.

SIGNATURE: James C Harrelson President — 4-26-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

JAMES C HARRELSON

0049001 CP