FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341177

1. Entity Name

H.H. CARNATHAN AND CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1339 GREEN ACRES BLVD	1339 GREEN ACRES BLVD
Suite, Apt. #, etc.: POB 820	Suite, Apt. #, etc.: POB 820
City & State: FT. WALTON BCH., FL	City & State: FT. WALTON BCH., FL
Zip: 32549 Country: US	Zip: 32549 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1293140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: H.H. CARNATHAN

Street Address (P.O. Box Number is Not Acceptable): 169 BEAL PKWY

City: FT. WALTON BCH. FL Zip Code: 32548

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD SD
NAME	H.H. CARNATHAN
STREET ADDRESS	169 BEAL ST FT WALTON BCH FL 32549
CITY-ST-ZIP	
TITLE	VP
NAME	TERRY H. CARNATHAN
STREET ADDRESS	BENNETS END FT WALTON BCH FL 32549
CITY-ST-ZIP	
TITLE	VPD
NAME	JOELLEN CARNATHAN
STREET ADDRESS	369 CANTERBURY CIR FT WALTON BCH FL
CITY-ST-ZIP	32549
TITLE	
NAME	
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CR2E034B (12/01)

13. 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 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: H.H. Carnathan APRIL 30, 2002 850-863-5117

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