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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1996 (2)**DOCUMENT #** Corporation Name HI-HO PROPERTIES, INC. Mailing Address Principal Place of Business 21220 HI-HO LANE 21220 HI-HO LANE US 41 **IIS 41** SPRING HILL FL 34610 SPRING HILL FL 34610 3a. Date of Last Report 3. Date Incorporated or Qualified US 08/12/1970 05/23/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-1303736 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State \Box Added to Fees Trust Fund Contribution 28 23 B. This corporation has liability for intangible tax under s 199.032, Country Country Zio ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOWELL, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) 82 21220 HI-H() LANE 83 SPRING HILL 34610 Zio Code 85 84 City 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 larid accept the polications of, Section 607.0505, Florida Statutes. 4-20-96 Git SIGNATURE (NOTE: Rog stered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1. 1 TITLE TITLE HOWELL, ROYCE 1.2 NAME NAME 21220 HI-HO LANE 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 14 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE THE HILL. SARA 2.2 NAME NAME 21225 HI-HO LANE 2.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 2 4 CITY - ST - 7IP CITY - ST - ZIP Addition Change DELETE 3 1 HILE TIT: F 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP CI1Y-S1-ZIP Change ■ Addition ☐ DELE1E 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6 1 TITLE TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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

62 NAME

6.3 STREET AUDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

4-20-96 352-799-2954

CR2E034 (12/95)