SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 20 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 395345 (2)

1. Corporation Name

HCF CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1532 JUNE AVENUE LOTE 10-A 32405 US	1532 JUNE AVENUE LOTE 10-A 32405 US

3. Date Incorporated or Qualified: 02/07/1972
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1532 JUNE AVE	26 1532 JUNE Ave
Suite, Apt. #, etc. 22 Lot 10-A	Suite, Apt. #, etc. 27 Lot-10-A
City & State 23 PANAMA C.E	City & State 28 PANAMA C.E
Zip / Country 24 32405 / 25 BAY	Zip / Country 29 32405 / 30 BAY

4. FEI Number: 59-1388511 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALLAWAY, HOLLEY M.
1532 JUNE AVENUE, LOT 10-A
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: HOLLEY M. CALLAWAY
82 Street Address (P.O. Box Number is Not Acceptable): 1532 JUNE Ave
83
84 City: PANAMA C.E FL 85 Zip Code: 32405

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: Holley M Callaway 7/3/95
Signature, type or print name of registered agent, and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CALLAWAY, HOLLEY M.	1.2 NAME	
STREET ADDRESS	747 HARRISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSSER,CHARLES A.	2.2 NAME	
STREET ADDRESS	2540 LISENBY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CALLAWAY,HOLLEY M.	3.2 NAME	
STREET ADDRESS	747 HARRISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSSER,CHARLES A.	4.2 NAME	
STREET ADDRESS	2540 LISENBY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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), 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.

SIGNATURE: Holley M Callaway 7/3/95 904 648-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B2207 FP