**FILED** 

## 2002 UNIFORM BUSINESS REPORT (URB)

DOCUMENT # 395345  1. Enlity Name  HCF CORPORATION							Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90286 003 ***150.00				
Principal Place of Business  1532 JUNE AVENUE LOT 10-P PANAMA CITY FL 32405 US  2. Principal Place of Business			Mailing Address 1532 JUNE AVENUE LOT 10-A PANAMA CITY FL 32405 US 3. Mailing Address								
		+ 10-A	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat		r IV-A	City & State				4. FEI Number 59-1388511 Applied For Not Applicable				
ZipCountry				try	THE Applicable						
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CALLAWAY, HOLLEY M. 1532 JUNE AVENUE LOT 10A					Name Street Address (P.O. Box Number is Not Acceptable)						
Panama	CITY FL 32	405			City		· .		FL	Zip Cod	e
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After May 1, 2002  Make Check Payable					IS \$150. will be \$5	50.00	10. Election	n Campaign Finan und Contribution.	DATE		<b>0</b> May Be
11.	· · · ·	OFFICERS AND I	DIRECTORS	12.		AC	DITIONS/CHA	NGES TO OFFICE	ER\$ AND D	IRECTOR	3 IN 11
TITLE NAME Street address City-St-Zip		Y, HOLLEY M. E AVE LOT 10-A CITY FL	☐ Celete							☐ Change	Addition
TITLE NAME Street Address City-St-Zip		CHARLES A. NBY AVENUE CITY-FL	Delete			A/M 1532 PAI	A R. Jana	CALLA Fity	(NA () 2/ A	Change O - A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Y,HOLLEY M. E AVE LOT 10-A CITY FL	□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		CHARLES A. NBY AVENUE CITY FL	☐ Delete							☐ Change	☐ Addition
TITLE IAME STREET ADDRESS XITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP					] Change	☐ Addition
ITLE IAME ITREET ADORESS ITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP					] Change	Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-12-02 850 785-3685

Date Dayling Phone #