

2003
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90770 040 ***150.00

DOCUMENT # 395345

1. Entity Name

H C F CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1532 JUNE AVENUE

3. Mailing Address
1532 JUNE AVENUE

Suite, Apt. #, etc.
LOT 10-A

Suite, Apt. #, etc.
LOT 10-A

DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY, FLORIDA

City & State
PANAMA CITY, FLORIDA

4. FEI Number 59-1388511

Applied For
Not Applicable

Zip
32405

Country
BAY

Zip
32405

Country
BAY

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-attesting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Callaway, Holley M.
1532 June Ave Lot-10A Panama City, FL 32405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice-President
Callaway, Alma R.
1532 June Ave Lot-10A Panama City, FL 32405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Callaway, Holley M.
1532 June Ave Lot-10A Panama City, FL 32405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Rosser, Charles A.
2540 Lisenby Ave. Panama City, FL 32405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

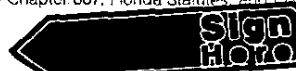
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



2003

850-785-3685

4-29- Date

Daytime Phone #

CR2E034B (12/02)