

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **555361** (5)
1. Corporation Name
H & H LAND INVESTMENT CORPORATION

Principal Place of Business 2210 DONATO DR BELLEAIR BEACH FL 34634	Mailing Address 2210 DONATO DR BELLEAIR BEACH FL 33786-3433
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1977		3a. Date of Last Report 03/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1768042		Applied for Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent HINERMAN, MARIE M. 2210 DONATO DR BELLEAIR BEACH FL				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 85 Zip Code			

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 _____ (Signature, typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TVD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	HOWARD, WILMA M.			1.2 NAME			
STREET ADDRESS	531 N. HARBOR DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BCH. FL 34635			1.4 CITY-ST-ZIP			
TITLE	SPD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	HINERMAN, MARIE M.			2.2 NAME			
STREET ADDRESS	2210 DONATO DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BCH FL			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: *MARIE M. HINERMAN* 4/28/97 813-596-8152

CR2E034 (9/96)