

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90032 012 ***150.00

0428869

DOCUMENT # 555361

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 34634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1977

4. FEI Number

59-1768042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 301 LIVE OAK LANE

Suite, Apt. #, etc.

22

City & State

23 LARGO, FL

Zip

24 33770

Country

25 PINELLAS

2a. Mailing Address

26 301 LIVE OAK LANE

Suite, Apt. #, etc.

27

City & State

28 LARGO, FL

Zip

29 33770

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

HINERMAN, MARIE M.

2210 DONATO DR 301 LIVE OAK LANE
BELLEAIR BEACH FL LARGO, FL 33770

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TVD ☐ DELETE

NAME HOWARD, WILMA M.

STREET ADDRESS 531 N. HARBOR DR.

CITY-ST-ZIP INDIAN ROCKS BCH. FL 34635

TITLE SPD ☐ DELETE

NAME HINERMAN, MARIE M.

STREET ADDRESS 2210 DONATO DR 301 LIVE OAK LANE

CITY-ST-ZIP BELLEAIR BCH FL LARGO, FL 33770

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Marie M. Hinerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

727-596-8152

Daytime Phone #

CR2E034 (11/98)