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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706434** (8)

1. Corporation Name
H & H SUPPORT SERVICES, INC.

Principal Place of Business 702 SOUTH WASHBURN AVENUE CORONA CA 91720	Mailing Address 702 SOUTH WASHBURN AVENUE CORONA CA 91720
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3. Date Incorporated or Qualified

11/15/1963

4. FEI Number

59-0657867

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, 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	S	<input type="checkbox"/> DELETE
NAME	HANSON, CALVIN	
STREET ADDRESS	5336 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	

TITLE	C	<input type="checkbox"/> DELETE
NAME	COY, ROBERT E. J.D.	
STREET ADDRESS	1916 DANA DRIVE	
CITY-ST-ZIP	ADELPHI MD 20783	

TITLE	VC	<input type="checkbox"/> DELETE
NAME	SANDEFUR, CHARLES	
STREET ADDRESS	87 WILLOW LEAF DRIVE	
CITY-ST-ZIP	LITTLETON CO 80210	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, O.D.	
STREET ADDRESS	777 EAST 25TH, 316	
CITY-ST-ZIP	HAIALEAH FL 33013	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, GEORGE W	
STREET ADDRESS	2711 NORTH POMELO DRIVE	
CITY-ST-ZIP	AVON PARK FL 33013	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MACOMBER, ROBERT D	
STREET ADDRESS	5408 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	P, VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Coy, Robert E. J.D.	
2.3 STREET ADDRESS	1916 Dana Drive	
2.4 CITY-ST-ZIP	Adelphi MD 20783	

3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sandefur, Charles	
3.3 STREET ADDRESS	8650 Pioneers Blvd.	
3.4 CITY-ST-ZIP	Lincoln NE 68520	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brodersen, Ellen H.	
5.3 STREET ADDRESS	92 N. Liberty Street	
5.4 CITY-ST-ZIP	Harrisonburg, VA 22801	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Yaeger, Derrill	
6.3 STREET ADDRESS	PO Box 1447	
6.4 CITY-ST-ZIP	Corona, CA 91720	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Coy, President

3/18/98

909-736-6909

CR2E037 (10/97)