


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90076 036 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 706434

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

161149 · 90076 · 36

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| Principal Place of Business 702 SOUTH WASHBURN AVENUE CORONA CA 91720 | Mailing Address 702 SOUTH WASHBURN AVENUE CORONA CA 91720 |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 11/15/1963 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-0657867 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|---|---|
| 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 85 Zip Code FL |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANSON, CALVIN | 1.2 NAME | |
| STREET ADDRESS | 5336 PEACOCK LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERSIDE CA 92505 | 1.4 CITY-ST-ZIP | |
| TITLE | PVD <input type="checkbox"/> DELETE | 2.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COY, ROBERT E. J.D. | 2.2 NAME | |
| STREET ADDRESS | 1916 DANA DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADELPHI MD 20783 | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDEFUR, CHARLES | 3.2 NAME | |
| STREET ADDRESS | 8650 PIONEERS BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LINCOLN NE 68520 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, O.D. | 4.2 NAME | |
| STREET ADDRESS | 777 EAST 25TH, 316 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33013 | 4.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BROWN, GEORGE W | 5.2 NAME | Ellen H. Brodersen, CPA |
| STREET ADDRESS | 2711 NORTH POMELO DRIVE | 5.3 STREET ADDRESS | 92 N. Liberty Street |
| CITY-ST-ZIP | AVON PARK FL 33013 | 5.4 CITY-ST-ZIP | Harrisonburg, VA 22801 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACOMBER, ROBERT D | 6.2 NAME | |
| STREET ADDRESS | 5408 PEACOCK LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERSIDE CA 92505 | 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 617, 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:  **SIGNATURE REQUIRED** Robert E. Coy, President 909-736-6909 2/15/99

CR2E037 (1/198)