FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002468

1. Entity Name

HHG, Inc.

DO NOT WRITE IN THIS SPACE

FILED
02 DEC 31 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
133 Eglin Pkwy SE Suite, Apt. #, etc.	PO Box 1596 Suite, Apt. #, etc.
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32548 Country: USA	Zip: 32549 Country: USA

4. FEI Number: 72-0947101 ☐ Applied For ☐ Not Applicable

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: Harry H. Griggs

Street Address (P.O. Box Number is Not Acceptable): 4450 Stonebridge Road

City: Destin **FL** Zip Code: 32541

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.

SIGNATURE: Harry H Griggs — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 12-30-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE CP NAME Griggs, Harry H STREET ADDRESS 4450 Stonebridge Road CITY-ST-ZIP ~~Destin, FL 32541~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700009215627 12/19/02--01078--002 **200.00
TITLE DS NAME Griggs, Sonnja S STREET ADDRESS 4450 Stonebridge Road CITY-ST-ZIP Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700009215627 11/26/02--01006--030 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP STATEMENT 02-	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry H Griggs — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11-19-2002 — Daytime Phone #