

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000004215

1. Entity Name
HHHUNT CORPORATION



Principal Place of Business
800 HETHWOOD BLVD
BLACKSBURG, VA 24060

Mailing Address
800 HETHWOOD BLVD
BLACKSBURG, VA 24060

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0886065

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REEMSNYDER, DAVID E II
STREET ADDRESS	800 HETHWOOD BLVD
CITY-ST-ZIP	BLACKSBURG, VA 24060
TITLE	D
NAME	HUNT, MARY ELLEN
STREET ADDRESS	800 HETHWOOD BLVD
CITY-ST-ZIP	BLACKSBURG, VA 24060
TITLE	VS
NAME	TUGGLE, DAVID E
STREET ADDRESS	800 HETHWOOD BLVD
CITY-ST-ZIP	BLACKSBURG, VA 24060
TITLE	D
NAME	HUNT, HARRY H III
STREET ADDRESS	800 HETHWOOD BLVD
CITY-ST-ZIP	BLACKSBURG, VA 24060
TITLE	V
NAME	SCHMITT, DANIEL T
STREET ADDRESS	800 HETHWOOD BLVD
CITY-ST-ZIP	BLACKSBURG, VA 24060
TITLE	V
NAME	CROWDER, JAMES A
STREET ADDRESS	800 HETHWOOD BLVD
CITY-ST-ZIP	BLACKSBURG, VA 24060

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07/28/08-80002-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

By: *[Signature]* VP
Jas. Vice President & Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/08 (540) 552-3515

Date

Daytime Phone #