I. Entity Name HI-GVF, INC. 'rincipal Place of Business Mailing Address S13B BEACHVIEW DR PO BOX 20287 ST. SIMONS ISLAND, GA 31522 US ST. SIMONS ISLAND, GA 31522 US DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For	ROFIT CORPORATION	FILED Mar 31, 2008 08:00
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A Marke and Address of Current Registered Agent SMITH, HULSEY & BUSEY 225 WATER STREET, SUITE 1800 ACKSONVILLE, FL 32202 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE INT SI-2P ST SIMONS ISLAND, GA IN IN IN IN IN IN SI-2P ST SIMONS ISLAND, GA IN		
25 WATER STREET, SUITE 1800 DO NOT WINTLE ACKSONVILLE, FL 32202 IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered allors or registared agent, or both, in the State of Florida. I am familiar with, and access the obligations of registared agent agent and agent and agent and agent and agent and agent and agent a	s of Current Registered Agent	
the abligations of registered agent. GNATURE September (used of primed name of ingeneral agent and late / appraume. INOTE Regeatered Agent september Agents survey revealed when revea	1800	
Signalue liped or prind name of ingraved agent and link / apphased. (MOTE Regaring Agent sprakule include driver (endething) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U000000874815 04/11/08-500007-019-150.0 N OFFICERS AND DIRECTORS Image: sprakule liped agent and link / apphased added to Fees U000000874815 04/11/08-500007-019-150.0 N OFFICERS AND DIRECTORS Image: sprakule liped agent and link / apphased added to Fees U000000874815 04/11/08-500007-019-150.0 N OFFICERS AND DIRECTORS Image: sprakule liped agent and link / apphased added to Fees U000000874815 04/11/08-500007-019-150.0 N OFFICERS AND DIRECTORS Image: sprakule liped agent and link / apphased fills Image: sprakule liped agent and link / apphased fills Image: sprakule liped agent and link / apphased fills Image: sprakule liped agent and liped agent and fills Image: sprakule liped agent and liped agent and fills Image: sprakule liped agent and fills <	s statement for the purpose of changing its registered office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
After May 1, 200g Fees will be \$350.00 Trust Fund Contribution. Addee to Pees U00000874915 04/11/208-80007-019_150.0 xe PCD xe PCD xe Addee to Pees 04/11/208-80007-019_150.0 we ZELL, HAROLD E Reet ADDRESS 6138 BEACHVIEW DR Yist-RP ST. SIMONS ISLAND, GA te T xe ADDISON, BENJAMIN DR. Reet ADDRESS 6138 BEACHVIEW DR Yist-RP ST. SIMONS ISLAND, GA te T xe ZELL, LUCY Me ZELL, LUCY ME FADDRESS Fils BEACHVIEW DR Yist-RP ST. SIMONS ISLAND, GA te T xe ADDISON, BENJAMIN DR. Reet ADDRESS Fils BEACHVIEW DR Yist-RP ST. SIMONS ISLAND, GA te T we Reet ADDRESS Yist-RP T te Me Me Yist-RP Not Yist-RP Yist-RP T	I registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)	DATE
LE PCD ZELL, HAROLD E REET ADDRESS 613B BEACHVIEW DR Y-SI-ZP ST. SIMONS ISLAND, GA LE S ME ADDISON, BENJAMIN DR. 613B BEACHVIEW DR Y-SI-ZP ST. SIMONS ISLAND, GA LE T ZELL, LUCY 613B BEACHVIEW DR ST. SIMONS ISLAND, GA LE T ZELL, LUCY 613B BEACHVIEW DR ST. SIMONS ISLAND, GA LE ME REET ADDRESS Y-SI-ZP LE ME REET ADDRESS YLEN YLEN YLEN	150.00	U00000874815 /11/08-80007-019_150_00
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ME REET ADDRESS IVY-ST-ZIP		• • ·
2. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 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 cath; that I am an officer or director of the corroration or the receiver or truetae empowered to execute this report as required by Chapter 402, Florida Statutes; and that my name appears in Block 10 or Block 11		
Changed, or on an attack per user an oddress, with all other like empowered.		