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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H34578** **(5)**

1. Corporation Name
HTH INC.

Principal Place of Business	Mailing Address
~~917 N. PENNSYLVANIA AVE.~~	~~917 N. PENNSYLVANIA AVE.~~
WINTER PARK FL 32789	WINTER PARK FL 32789-2456

3. Date Incorporated or Qualified: 12/18/1984	3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-2471535	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 711 Jackson Ave	26 711 Jackson Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Winter Park FL	28 Winter Park FL
24 Zip 32789 / 25 Country	29 Zip 32789 / 30 Country

9. Name and Address of Current Registered Agent

ELMER, WILLIAM A.
1010 TEMPLE GROVE
WINTER PARK FL 32789

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STDC	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	ELMER, WILLIAM A.		12 NAME
STREET ADDRESS	1010 TEMPLE GROVE		13 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL		14 CITY-ST-ZIP
TITLE	PD	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	ELMER, SHARON W.		22 NAME
STREET ADDRESS	1010 TEMPLE GROVE		23 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL		24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/16/97 407-629-6012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #