2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 28, 2002 8:00 am

SIGNATURE: \(\)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # H34578 1. Entity Name HTH INC.				Secretary of State 02-11-2002 90155 034 ***150.00	
Principal Place of Business Mailing Address				-	
711 JACKSOI WINTER PARI US		711 JACKSON AVE WINTER PARK FL 32789 US	WINTER PARK FL 32789		
2. Principal i	Place of Business	3. Mailing Address			- 1004 470 4 1404 1409 1404 1404 1404 1481 1481 1481 1491 1
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 59-2471535 Applied For Not Applicable
Zip	Country Zip C		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
ELMER, WILLIAM A.				Name	
1010 TEMPLE GROVE				Silber Address (F.O. Sox Number is Not Acceptable)	
WINTER PARK FL 32789			-	City FL Zip Code	
Signature. Signature, typed or printed name of registered agent and intel if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its (intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.					
11.	OFFICERS AND D	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC ELMER, WILLIAM A 1010 TEMPLE GROVE WINTER PARK FL—	Delete	NAME STREET A CITY-ST-	DORESS CE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	PD ELMER, SHARON W. 1010 TEMPLE GROVE WINTER PARK FL	Delete	NAME STREET A CITY-ST-	ZIP	الماد
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Celete	NAME STREET A CITY-ST-	DORESS 13:	12R. Steven W. Change Maddition 51-Oneco- officer-V.Pres. where Park F1. 32789
TITLE NAME STREET ADDRESS CHY-ST-ZIP	_	☐ Delete	NAME STREET AL CITY-ST-		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AC CITY-ST-		☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.					

407-629-0012