

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K09394** (3)
1. Corporation Name
H & P IMPORTS, INC.



Principal Place of Business: **3435 N MAIN ST GAINESVILLE FL 32609**
Mailing Address: **3435 N MAIN ST GAINESVILLE FL 32609**

3. Date Incorporated or Qualified: **12/29/1987**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for address details.

4. FEI Number: **54-1447747**
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

9. Name and Address of Current Registered Agent
**PEARSON, MAX, H
3435 N MAIN ST
GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILKINS, DANIEL B.	
STREET ADDRESS	7450 MIDLOTHIAN PIKE	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARSON, MAX	
STREET ADDRESS	2686 SEDGFIELD COURT.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEARSON, FRANK, A	
STREET ADDRESS	7450 MIDLOTHIAN PIKE	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pamela J. Benedict	
1.3 STREET ADDRESS	8203 Gates Bluff Place	
1.4 CITY-ST-ZIP	Chesterfield, VA 23832	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patricia M. Pearson	
4.3 STREET ADDRESS	3632 Bremerton Drive	
4.4 CITY-ST-ZIP	Richmond, VA 23233	
5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donna L. Wooten	
5.3 STREET ADDRESS	1712 Early Settlers Road	
5.4 CITY-ST-ZIP	Richmond, VA 23225	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Donna L. Wooten* **Donna L. Wooten** Date: **5/8/96** Telephone: **804-745-0300**

CR2E034 (12/95)