

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90063 009 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K09394 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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1447747	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME <input type="checkbox"/> DELETE				
NAME	BENEDICT, PAMELA				
STREET ADDRESS	8203 GATES BLUFF PLACE				
CITY-ST-ZIP	CHESTERFIELD VA				
TITLE	NAME <input type="checkbox"/> DELETE				
NAME	PD PEARSON, MAX				
STREET ADDRESS	2686 SEDGEFIELD COURT.				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	NAME <input type="checkbox"/> DELETE				
NAME	V. PEARSON, FRANK, A				
STREET ADDRESS	7450 MIDLOTHIAN PIKE				
CITY-ST-ZIP	RICHMOND VA				
TITLE	NAME <input type="checkbox"/> DELETE				
NAME	V. PEARSON, PATRICIA				
STREET ADDRESS	3632 BREMERTON DRIVE				
CITY-ST-ZIP	RICHMOND VA				
TITLE	NAME <input type="checkbox"/> DELETE				
NAME	AS WOOTEN, DONNA L.				
STREET ADDRESS	1712 EARLY SETTLERS ROAD				
CITY-ST-ZIP	RICHMOND VA				
TITLE	NAME <input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)