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 # **L80871** **(1)**

1. Corporation Name

H & N HOLDINGS, INC.

Principal Place of Business	Mailing Address
3914 HOGSHEAD RD POB 990 STE. 865 APOPKA FL 32704	3914 HOGSHEAD RD POB 990 STE. 865 APOPKA FL 32704

3. Date Incorporated or Qualified: **06/15/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3055671** ☐ 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
21 888 E. Keene Rd.	26 P.O. Box 613
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Apopka, Florida	28 Apopka, Florida
24 Zip: 32703 — 25 Country	29 Zip: 32704-0613 — 30 Country

9. Name and Address of Current Registered Agent

MARKS, ROBERT O.
200 EAST ROBINSON STREET, SUITE 865
ORLANDO FL 32801

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 _____ (Signature, typed or printed name of Registered Agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCOMAS, HUGH		1.2 NAME		
STREET ADDRESS	503 CERRA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTRUCE PR		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCOMAS, JOHN M		2.2 NAME		
STREET ADDRESS	GARDEN HILLS BLUEHILLS		2.3 STREET ADDRESS		
CITY-ST-ZIP	GUAYNABO PR		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	MCCOMAS, DANIEL F		3.2 NAME	McComas, Nidia M.	
STREET ADDRESS	2495 GREENWELL CT		3.3 STREET ADDRESS	503 Cerra ST	
CITY-ST-ZIP	WILMINGTON NC		3.4 CITY-ST-ZIP	Santruce, P.R	
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERRIOS, JR GIL		4.2 NAME		
STREET ADDRESS	1390 SHERLEN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: _____ 4/20/96 (407) 886-5004

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