5/71

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State
05-07-2001 90051 018 ***150.00

6603

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000028256

1. Entity Name: H & H LAND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
848 WEST VENTURA AVE. CLEWISTON, FL 33440	848 WEST VENTURA AVE. CLEWISTON, FL 33440

2. Principal Place of Business	3. Mailing Address
950 WESTERN DR. S.W.	950 WESTERN DR. S.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MOORE HAVEN, FL	City & State: MOORE HAVEN, FL
Zip: 33471 / Country: USA	Zip: 33471 / Country: USA

4. FEI Number: 65-0996621 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YUAN, JOHN A 848 WEST VENTURA AVE. CLEWISTON, FL 33440	Name: CARL S. PERRY Street Address (P.O. Box Number is Not Acceptable): 950 WESTERN DR. S.W. City: MOORE HAVEN FL Zip Code: 33471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Carl Perry sec/treas CARL S. PERRY 4/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D [X] Delete	TITLE	S-T-D [ ] Change [X] Addition
NAME	YUAN, JOHN A.	NAME	CARL S. PERRY
STREET ADDRESS	848 WEST VENTURA AVE.	STREET ADDRESS	950 WESTERN DR. S.W.
CITY - ST - ZIP	CLEWISTON, FL 33440	CITY - ST - ZIP	MOORE HAVEN, FL 33471
TITLE	[ ] Delete	TITLE	P-D [ ] Change [X] Addition
NAME		NAME	CURTIS E. HICKS
STREET ADDRESS		STREET ADDRESS	P.O. BOX 2941
CITY - ST - ZIP		CITY - ST - ZIP	LABELLE, FL 33975
TITLE	[ ] Delete	TITLE	V-D [ ] Change [X] Addition
NAME		NAME	THOMAS L. HICKS
STREET ADDRESS		STREET ADDRESS	4041 W. SUNFLOWER CIRCLE
CITY - ST - ZIP		CITY - ST - ZIP	LABELLE, FL 33935
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034 (11/00)

13. I 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 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.

SIGNATURE: Carl Perry CARL PERRY sec. 5/31/01 (863) 946-0286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32361F.1