FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State P00000098638 DOCUMENT # 1. Entity Name 04-24-2002 90341 034 ***150 H AND H PROPERTIES, INC. Mailing Address Principal Place of Business 1045 SEVENTH AVENUE 1045 SEVENTH AVENUE **GRACEVILLE FL 32440 GRACEVILLE FL 32440** 2. Principal Place of Business 3. Mailing Address Keccaud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number 59-3688005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORTON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1045 SEVENTH AVENUE **GRACEVILLE FL 32440** City Zip Code ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above SIGNATUR (NOTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE HORTON, PAIGE NAME NAME STREET ADDRESS STREET ADDRESS 1045 7TH AVENUE CITY-ST-ZIP **GRACEVILLE FL 32440** CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME HORTON, MICHAEL STREET ADDRESS STREET ADDRESS 1045 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **GRACEVILLE FL 32440** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 except 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. changed, or on an attachmen

O OR PRINTED NAME OF SIGNING OFFICER

CR2E034 (9/01

Daytime Phone #