

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 # P32986 (2)

1. Corporation Name

H & H AUTOMOTIVE SERVICES, INC.



Principal Place of Business

Mailing Address

285 N.E. 185 STREET, UNIT 28
MIAMI FL 33179

285 N.E. 185 STREET, UNIT 28
MIAMI FL 33179

3. Date Incorporated or Qualified

02/26/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0245679

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGGINS, CONNIE H.
285 N.E. 185 STREET
UNIT 28
MIAMI FL 33179

81

NI

82

Street Address (P.O. Box Number is Not Acceptable)

83

285 N.E. 185 STR #28

84

City

Miami

FL

85

Zip Code

33179

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE

NAME HIGGINS, EDWARD GENE JR.
STREET ADDRESS 285 N.E. 185 ST. UNIT 28
CITY-ST-ZIP MIAMI FL

TITLE VCD ☐ DELETE

NAME HANKINS, EVELYN R.
STREET ADDRESS 17201 N.W. 42 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE SDT ☐ DELETE

NAME HIGGINS, CONNIE H.
STREET ADDRESS 285 N.E. 185 ST. UNIT 28
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE

NAME HANKINS, EVELYN R.
STREET ADDRESS 17201 N.W. 42 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

Evelyn Hankins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305-654-8356
Date Daytime Phone

CR2E034 (12/95)