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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 28 PM 1:59

DOCUMENT # **P92000002086 (6)**

1. Corporation Name
H & L ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3911 UNIVERSITY BLVD. W. STE. #32 JACKSONVILLE FL 32217 US	3911 UNIVERSITY BLVD. W. STE. #32 JACKSONVILLE FL 32217 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3149189 ☐ 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 (21) / Suite, Apt. #, etc (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

HILBERT, DAVID L
10859 CHESAPEAKE LANE WEST
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12749 LONGVIEW DR. W.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32223

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 (above) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	HILBERT, DAVID L	12 NAME	
STREET ADDRESS	10859 CHESAPEAKE LANE WEST	13 STREET ADDRESS	12749 LONGVIEW DR. W.
CITY ST ZIP	JACKSONVILLE FL 32217	14 CITY ST ZIP	JACKSONVILLE FL 32223
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LANGLEY, MICHAEL E	22 NAME	
STREET ADDRESS	2705 SEMINOLE VILLAGE DR.	23 STREET ADDRESS	
CITY ST ZIP	MIDDLEBURG FL 32068	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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 above, or on an attachment with an address.

SIGNATURE: [signature] DAVID L. HILBERT 2/3/95 904-733-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0019240 CP