SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P92000011343 (0) DOCUMENT #

H & H SITE SPECIALITY, INC. Principal Place of Business Mailing Address

AIA AND AVERY ROAD P.O. BOX 6160 FERNANDINA BEACH FL 32034

STREET ADDRESS

STREET ADDRESS

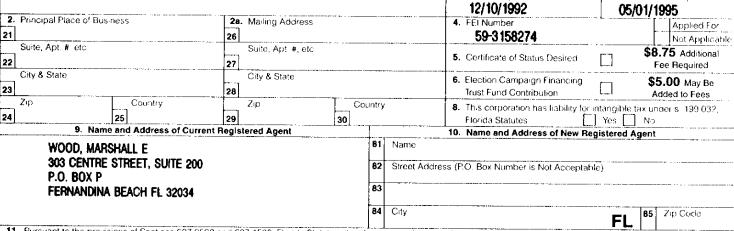
CHTY-ST-ZIP

CITY-ST-ZIP

THUE

NAME

P.O. BOX 1162 CALLAHAN FL 32011



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. Thereby accept the appointment as registered

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1.1 TYTLE		Change	: 17	Additio
NAME	HIGGINBOTHAM, WILLIAM R		1.2 NAME				
STREET ADDRESS	RT 1 BOX 586		1.3 STREET ADDRESS				
CITY-ST-ZIP	CALLAHAN FL 32011		1.4 CITY - ST. ZIP				
TITLE	D	DELETE	2.1 1111.6	D .	Change	M	Additio
NAME	ESTATE OF FRANKLIN HOLLOWAY		2.2 NAME	LEWIS Scheider		_	
STREET ADDRESS	1826 HIGHLAND DR.		2 3 STREET ADDRESS	2109 MARTIN STREET			
CITY-S1-ZIP	FERNANDINA BEACH FL 32034		2 4 CITY - ST-ZIP	LEWIS Scheider 2109 MARTIN STREET JACKSONVILLE FLA			
THLE		DELFTE	3.1 TITLE		Change		Additio
NAME			3.2 NAME		_		
STREET ADDRESS			3.3 STREET ADDRESS				
DITY-ST-ZIP			3.4. CITY - ST - ZIP				
ITLE		DELETE	4.1 THTLE		Change		Addition
IAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - S1 - ZIP				
TITLE		DELETE	5.1 TITLE		Change	П	Addition
1154.00				1			

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 118.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - 7IP

54 CITY - ST - ZIP

6 1 TIFLE

6.2 NAME

SIGNATURE: William of Hospirlothon PINLOCKON WILLIAM R. HIGGINDOHAM 6-26-96

DELETE

904-751-4759

Change Addition

3a. Date of Last Report

3. Date Incorporated or Qualified