FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:05

DOCUMENT # **P92000013353 (7)**

1. Corporation Name
HRDD, INC.

Principal Place of Business	Mailing Address
4947 WHITE BLUFF DRIVE JACKSONVILLE FL 32225	4947 WHITE BLUFF DRIVE JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 1478 S. 6TH ST.
22: Suite, Apt. #, etc
23: City & State: MACCLENNY, FLA.
24: Zip: 32063
25: Country: Baker

2a. Mailing Address
26: 1478 S. 6TH ST.
27: Suite, Apt. #, etc
28: City & State: MACCLENNY, FLA
29: Zip: 32063
30: Country: BAKER

4. FEI Number: 59-3155516 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

F & L CORP
200 LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: ARMENTROUT, DALE M.
82 Street Address (P.O. Box Number is Not Acceptable): 1478 S. 6TH ST.
83:
84 City: MACCLENNY, FLA. 85 FL Zip Code: 32063

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: ARMENTROUT, DALE M. - PRESIDENT — D.M. Armentrout — 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	PRESIDENT - DIRECTOR ☒ Change ☐ Addition
NAME	ARMENTROUT, HUNTER M	12 NAME	ARMENTROUT, DALE M
STREET ADDRESS	4947 WHITE BLUFF DRIVE	13 STREET ADDRESS	1478 S. 6TH ST.
CITY ST ZIP	JACKSONVILLE FL 32225	14 CITY ST ZIP	MACCLENNY, FLA 32063.
TITLE	D	21 TITLE	VICE PRESIDENT - DIRECTOR ☒ Change ☐ Addition
NAME	ARMENTROUT, LUCILLE A	22 NAME	ARMENTROUT, DARREN M.
STREET ADDRESS	4947 WHITE BLUFF DRIVE	23 STREET ADDRESS	1478 S. 6TH ST.
CITY ST ZIP	JACKSONVILLE FL 32225	24 CITY ST ZIP	MACCLENNY, FLA 32063
TITLE		31 TITLE	VICE PRESIDENT - DIRECTOR ☒ Change ☐ Addition
NAME		32 NAME	RENFRO, ROBERT.
STREET ADDRESS		33 STREET ADDRESS	1478 S. 6TH ST.
CITY ST ZIP		34 CITY ST ZIP	MACCLENNY, FLA 32063
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 if changed, added, or deleted with an attached with an asterisk.

SIGNATURE: D.M. Armentrout — D.M. Armentrout — 4/25/95 — 904 259-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010516 CP