

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000016063 (8)**

1. Corporation Name

HHI HOLDINGS, INC.

Principal Place of Business

**VILLAS OF CLEARWATER BEACH
3249 SHORE DRIVE
LARGO FL 34641**

Mailing Address

**VILLAS OF CLEARWATER BEACH
3249 SHORE DRIVE
LARGO FL 34641**



3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

03/23/1995

4. FEI Number

59-3168429

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

7. Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SHARP, WILLIAM M
4830 WEST KENNEDY BLVD.
ONE URBAN CENTRE
TAMPA FL 33609**

81. Name

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

83

84. City

FL 85. Zip Code

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 of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

(Date)

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent 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 as an attachment with an affidavit.

SIGNATURE: *David Collier McKibben* - David Collier McKibben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 813-535-2609

CR2E034 (12/95)