

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 APR -6 AM 9:38

DOCUMENT # **P93000033121 (3)**

1. Corporation Name  
**CHH, INC.**

Principal Place of Business	Mailing Address
<b>7151 W HIGHWAY 98 SUITE 224 PANAMA CITY BEACH FL 32407</b>	<b>7151 W HIGHWAY 98 SUITE 224 PANAMA CITY BEACH FL 32407</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/04/1993</b>	3a. Date of Last Report <b>03/30/1994</b>
4. FEI Number <b>59-3184509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

9. Name and Address of Current Registered Agent

**HERBLOT, CLAUDE M  
7151 W HIGHWAY 98  
SUITE 224  
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>HERBLOT, CLAUDE M</b>
STREET ADDRESS	<b>7151 W HIGHWAY 98 #224</b>
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL 32407</b>
TITLE	<b>D</b>
NAME	<b>HERBLOT, MARYELLEN S</b>
STREET ADDRESS	<b>7151 W HIGHWAY 98 #224</b>
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL 32407</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supporting report was 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 liquidator of the corporation; and that my name appears in Block 12 or Block 13, or on an attachment to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment to this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Claude Herbolt* **3-31-95** **704-265-8049**  
(Typed name and title of signing officer or director) (Date) (Telephone Number)