

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90066 021 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

2002 ~~1003~~

DOCUMENT # P93000033121

1. Corporation Name  
 CHHI, INC.

Principal Place of Business  
 2814 E. HWY 390  
 PANAMA CITY, FL.  
 32405

Mailing Address  
 1812 S. HWY 77 #115  
 PMB 309  
 LYNN HAVEN, FL  
 32444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 05/04/1993

4. FEI Number

59-3184509

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name HERBLOT CLAUDE M

82 Street Address (P.O. Box Number is Not Acceptable)  
 2814 E. HWY 390

83

84 City PANAMA CITY

FL

85 Zip Code 32405

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 *Claude Herblot* CLAUDE HERBIOT PRESIDENT

8/23/02

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
 NAME HERBLOT, CLAUDE M  
 STREET ADDRESS 5619 S LAGOON DR  
 CITY-ST-ZIP PANAMA CITY BEACH FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME HERBLOT, MARYELLEN S  
 STREET ADDRESS 5619 S LAGOON DR  
 CITY-ST-ZIP PANAMA CITY BEACH FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claude Herblot* CLAUDE HERBIOT 8/23/02 (850) 265-8049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone