

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90066 021 ***550.00

DOCUMENT # P930000331211. 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

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

05/04/1993

4. FEI Number

59-3184509

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 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 HERBLOT PRESIDENT

8/23/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required After Filing)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME HERBLOT, CLAUDE M
STREET ADDRESS 5619 S LAGOON DR
CITY-ST-ZIP PANAMA CITY BEACH FLTITLE D ☐ DELETENAME HERBLOT, MARYELLEN S
STREET ADDRESS 5619 S LAGOON DR
CITY-ST-ZIP PANAMA CITY BEACH FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 HERBLOT 8/23/02 (850) 265-8049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone