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

APPROVED AND FILED
95 MAY -1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015904 (3)

1. Corporation Name

HICKORY HILL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4213 POVERTY CREEK ROAD CRESTVIEW FL ~~32536~~ 32539-9726	4213 POVERTY CREEK ROAD CRESTVIEW FL ~~32536~~ 32539-9726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3259188 ☐ 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	10. Name and Address of New Registered Agent
~~WOOTEN, JAMES W JR~~ ~~4213 POVERTY CREEK ROAD~~ ~~CRESTVIEW FL 32536~~	01 Name: J. W. WOOTEN, Jr 02 Street Address (P.O. Box Number is Not Acceptable): 4213 Poverty Creek Rd 03 04 City: CRestview FL 05 Zip Code: 32539-9726

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] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	WOOTEN, J W	1 NAME	
STREET ADDRESS	4213 POVERTY CREEK ROAD	1 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	WOOTEN, ROSE M	2 NAME	
STREET ADDRESS	4213 POVERTY CREEK ROAD	2 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	MORRIS, SHARON R	3 NAME	
STREET ADDRESS	110 MONROE #606	3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38103	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	MORRIS, ROBERT F	4 NAME	
STREET ADDRESS	20401 OLD SPANISH TRAIL	4 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70129	4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(i)(k), 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.

SIGNATURE: [signature] J.W. Wooten, Jr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 95 — Date

(904) 682-9458 — Daytime Phone #

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