CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056525 (6)**

1. Corporation Name
H & H ENTERPRISES OF TAMPA INC.

Principal Place of Business	Mailing Address
4439 GUNN HWY. TAMPA FL 33624	4439 GUNN HWY. TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report: N/A

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

2a. Mailing Address — 26: 4950 PENNSBURY DR.
Suite, Apt. #, etc. — 27:
City & State — 28: TAMPA, FL
Zip — 29: 33624 County — 30:

4. FEI Number: 59-3257372 ☐ 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 [illegible] tax interests tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWARD, TIM
4950 PENNSBURY DR.
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: EMMETT HOWARD
82 Street Address (P.O. Box Number is Not Acceptable): 4950 PENNSBURY DR.
83:
84 City: TAMPA FL 85 Zip Code: 33624

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: Emmett Howard, CHAIRMAN & CEO — DATE: 4/29/95
(Signature, typed or printed name of registered agent or officer if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	C/S/T	☐ Change ☒ Addition
NAME		12 NAME	EMMETT HOWARD	
STREET ADDRESS		13 STREET ADDRESS	4950 PENNSBURY DR.	
CITY ST ZIP		14 CITY ST ZIP	TAMPA, FL 33624-6810	
TITLE		21 TITLE	P	☐ Change ☒ Addition
NAME		22 NAME	TIMOTHY A. HOWARD	
STREET ADDRESS		23 STREET ADDRESS	5428 DEERBROOK CREEK CIRCLE #27	
CITY ST ZIP		24 CITY ST ZIP	TAMPA, FL 33624	
TITLE		31 TITLE	V	☐ Change ☒ Addition
NAME		32 NAME	MATTHEW W. HOWARD	
STREET ADDRESS		33 STREET ADDRESS	5520 GUNN HIGHWAY #1215	
CITY ST ZIP		34 CITY ST ZIP	TAMPA, FL 33624	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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(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 addition.

SIGNATURE: Emmett Howard — 4/29/95 — 813-878-6319
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0200062 CP