

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000056525 (6)

1. Corporation Name

H & H ENTERPRISES OF TAMPA INC.



Principal Place of Business

Mailing Address

4439 GUNN HWY.
TAMPA FL 33624

4950 PENNSBURY DR.
TAMPA FL 33624
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

05/01/1995

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 liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

HOWARD, EMMETT
4950 PENNSBURY DR.
TAMPA FL 33624

81 Name

TIM 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

TIM HOWARD

TIM HOWARD / PRESIDENT / CEO

5/30/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | CST | <input checked="" type="checkbox"/> DELETE |
| NAME | HOWARD, EMMETT | |
| STREET ADDRESS | 4950 PENNSBURY DR. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HOWARD, TIMOTHY A. | |
| STREET ADDRESS | 5428 DEERBROOK CREEK CIRCLE #27 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | HOWARD, MATTHEW W. | |
| STREET ADDRESS | 5520 GUNN HIGHWAY #1215 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PRESIDENT / CEO |
| 2.3 STREET ADDRESS | TIM HOWARD |
| 2.4 CITY-ST-ZIP | 4950 PENNSBURY DR |
| 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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | SEC / TREASURER |
| 4.3 STREET ADDRESS | MATY HOWARD |
| 4.4 CITY-ST-ZIP | 4950 PENNSBURY DR |
| 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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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:

TIM HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96

813-962-6436

Daytime Phone

CR2E034 (12/95)