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May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000056525 (6)

1. Corporation Name

H & H ENTERPRISES OF TAMPA INC.

Principal Place of Business

4439 GUNN HWY.  
TAMPA FL 33624

Mailing Address

4950 PENNSBURY DR.  
TAMPA FL 33624-6810  
US

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

06/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

6820 BENJAMIN Rd.  
# 10  
TAMPA, FL  
33634 Hillsborough

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

9. Name and Address of Current Registered Agent

HOWARD, TIM  
4950 PENNSBURY DRIVE  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

HOWARD, Tim

82 Street Address (P.O. Box Number is Not Acceptable)

6820 BENJAMIN Rd.

83

SUITE # 10

84

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCEO
NAME	HOWARD, TIM
STREET ADDRESS	4950 PENNSBURY DR
CITY-ST-ZIP	TAMPA FL
TITLE	ST
NAME	HOWARD, MARY
STREET ADDRESS	4950 PENNSBURY DR
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PCEO
1.2 NAME	HOWARD, TIM
1.3 STREET ADDRESS	6820 BENJAMIN Rd Suite # 10
1.4 CITY-ST-ZIP	TAMPA, FL 33634
2.1 TITLE	V.P. SECITIES
2.2 NAME	ERIC SWANSON
2.3 STREET ADDRESS	6820 BENJAMIN Rd. Suite # 10
2.4 CITY-ST-ZIP	TAMPA, FL 33634
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0365977

CR2E034 (9/96)