FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 6 705 6 0

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:38

DOCUMENT # P94000060886 (6)

1. Corporation Name

HHH BROTHERS, INC.

Principal Place of Business	Mailing Address
200 N. STATES ST. BUNNELL FL 32110	200 N. STATES ST. BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3259454	Applied For (if Applicable)
21 103 Volusia And 108	26 Second AVE. Pierson		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Florida.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 PIERSON, FLORIDA	28 PIERSON FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 32789 25 County VOLUSIA	29 32789 30 County VOLUSIA	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HADDAD, HANI
200 N. STATES ST.
BUNNELL, FL 32110

10. Name and Address of New Registered Agent

91 Name: HADDAD HANI
92 Street Address (P.O. Box Number is Not Acceptable): 103 Volusia And 108 Second Ave. Pierson Florida
93
94 City: FL 95 Zip Code

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: 4-27-95

(Must be typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☐ Change ☐ Addition
NAME	HADDAD, HANI	12 NAME	HADDAD HANI
STREET ADDRESS	2390 OCEANSHORE BLVD., #503	13 STREET ADDRESS	2390 OCEAN Shore BLVD #404
CITY ST ZIP	ORMOND BEACH FL 32176	14 CITY ST ZIP	ORMOND Beach Fl 32176
TITLE	DS	21 TITLE	DS ☐ Change ☐ Addition
NAME	HADDAD, MARY	22 NAME	HADDAD MARY
STREET ADDRESS	2390 OCEANSHORE BLVD., #503	23 STREET ADDRESS	2390 Ocean Shore BLVD #4404
CITY ST ZIP	ORMOND BEACH FL 32176	24 CITY ST ZIP	ORMOND Beach Fl 32176
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	REMITTED BY MAY 1 ☐ 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 address.

SIGNATURE: [signature] 4-27-95 904.441.8202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040003 FP