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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000046316 (2)

DOCUMENT #
1. Corporation Name H & H WOOD RESOURCES, INC.



		J						
Principal Place of Business Mailing Address								
4371 S.E. 73RD STREET P.O. BOX 1467 OCALA FL 34481 OCALA FL 344								
					<ol><li>Date incorporated or Qualified 06/09/1995</li></ol>	3a. Date of l パモ必		
Principal Place of Business 21		2a. Mailing Address 26	<b>⊢</b> -		4. FE! Number 59-33275-2	7	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite Apt. #, etc.	27		5. Certificate of Status Desired	<b>\$</b>	8.75 Additional Fee Required	
Orty & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>24</b>	Zip Country Zip 25 29		Gountry 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  o			
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F	legistered Age	nt	
			8	Name				
HENDERSON, BARBARA J 1406 SE 44TH AVE			82	Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
	FL 34471		8:	3				
			84	City		FL 8	5 Zip Code	
or registere familiar wit SiGNATURE	o the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was author ection 607.0505, Florida Statuti	rized by the cor es.	poration's bo	ioration submits this statement for the pushed of directors. Thereby accept the app	rpose of changir cointment as reg	ng its registered office istered agent. I am	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTORS IN 12	
tifl <del>E</del>	PV	DELETE	1 1 701.6	- T	PHS		hange Addition	
NAME	HENDERSON, WILLIAM E	_	1.2 NAME	.   '	William B. Henders	m		
STREET ADDRESS	P O BOX 1681 N/A		1.3 STRE	LADDRESS	R 0. 13 or 16 8 1			
City-St-ZiP	OCALA FL 34478		1.4.0HY	1	beata, F# 34478			
TITLE	ST	☐ DELETE	2 1 TITLE				hange Addition	
NAME	HENDERSON, BARBARA	)	2.2 NAM6					
STREET ADDRESS PO BOX 1681 N/A			23 STRE	EL ADDRESS			-	
CITY-ST-ZIP	OCALA FL 34478		2.4 CITY	1				
TITLE	Henderson Wm	F. Tom DELETE	3 1 TITLI		Vice President		hange Addition	
NAME	13,100,100,100	- Address	3.2 NAM		Wm. E. Henderson,	ĭr.		
STREET ADDRESS			33 STRE	E1 ADDRESS	P.O. Box 4641 (51	. Add 1515	5.8.42MAN)	
CITY-S1-ZIP	Desta, F1 344	38	3.4 CETY	ST ZIP	Ocala, FI 34478		B(VIC 2444)	
TITLE		DELETE	4 1 HTcl			(	Change	
NAME			4.2 NAM					
STREET ADDRESS			4.3.51RE	FT ADDRESS				
CITY-ST-ZIP			4 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5 1 TIFL				Change 🔲 Addition	
NAME			5.2 NAM	: 1				
STREET ADDRESS			53 STRE	ET ADDRESS				
CITY-ST-ZIP			5 4 CITY	ST - ZIP				
TITLE		DELETE	6 1 T·TL	F			Change 🔲 Addition	
NAME			6.2 NAM					
STREET ADDRESS			63 STRE	ET ADDRESS				
City-St-ZIP			6 <b>4</b> CITY	- S1 - 7/P				

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:

4/15/96 (352)622-7783

CR2E034 (12/95)