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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State DIVISION OF CORPORATIONS

1998

P95000046316 (2) DOCUMENT #

H & H WOOD RESOURCES, INC.

FILED May 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4371 S.E. 73RD STREET P.O. BOX 1467 OCALA FL 34481 OCALA FL 34478 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3327529 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HENDERSON, BARBARA J 1406 **SE** 44TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34471** 83 84 City 85 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, typed or printed name of registered agent and title if applicable (NO1E Registered Agent signature required when reinstating) 2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE **Change** TOLE 8.70 Henderson, William HENDERSON, WILLIAM E NAME 1.2 NAME RO. BOX 4641 1515 SE P O BOX 1681 N/A 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL** Ocala F1 34478 1.4 CITY-ST-ZIP City-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE HENDERSON, BARBARA J 22 NAME NAME P O BOX 1681 N/A STREET ADDRESS 2.3 STREET ADDRESS OCALA FL 34478 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HENDERSON, WILLIAM E. JR NAME 3.2 NAME PO BOX 4641, 1515 SE 42ND AVE STREET ADDRESS 3.3 STREET ADDRESS OCALA FL 3.4. CITY- \$1 - 7IP CITY-ST-ZIP DELETE Change Addition Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 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 (352)

Mackey