

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

97 SEP 25 PM 1:05

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000036228 (0)**

1. Corporation Name  
**HHC JR, INC.**



Principal Place of Business

Mailing Address

**3355 LENOX ROAD  
ATLANTA GA 30326**

**3355 LENOX ROAD  
ATLANTA GA 30326**

**P.O. Box 23866  
JMA FL 32241**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**04/23/1996**

3a. Date of Last Report

4. FEI Number

**58-2242304**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, PAMELA K  
50 N. LAURA ST. STE. 2800  
JACKSONVILLE FL 32202**

81 Name

**KEN PAULK**

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

**9962 VINEYARD LAKE RD E**

83

84 City

**ORLA**

FL

85 Zip Code

**32256**

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

*Kenneth W. Paulk CPA*

**9/21/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME **D CONNERTY, HUGH H JR.**  
STREET ADDRESS **3355 LENOX ROAD**  
CITY-ST-ZIP **ATLANTA GA 30326**

1.2 NAME **600002306596--E**  
1.3 STREET ADDRESS **-09/29/97--01159--027**  
1.4 CITY-ST-ZIP **\*\*\*\*550.00 \*\*\*\*550.00**

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME **CONNERTY, HUGH H JR**  
STREET ADDRESS **225 VALLEY RD NE**  
CITY-ST-ZIP **ATLANTA GA 30305**

2.2 NAME **CONNERTY, HUGH H JR**  
2.3 STREET ADDRESS **225 VALLEY RD NE**  
2.4 CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME **PAULK, KEN**  
STREET ADDRESS **P.O. BOX 23866**  
CITY-ST-ZIP **JMA FL 32241**

3.2 NAME **PAULK, KEN**  
3.3 STREET ADDRESS **9962 VINEYARD LAKE RD E**  
3.4 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

*Kenneth W. Paulk CPA*

**9/25/97**

CR2E034 (4/97)