FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049022

1. Corporation Name

HP ENTERPRISES OF BAY COUNTY, INC.

Principal	Place	of B	usiness

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90059 016 ***150.00



411 W. 18TH C Lynn haven f			DO NOT WRITE IN THIS SPACE				
	~~*			3. Date incorporated or Qualifed 06/02/1997			
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applie	d For			
7411 W	1810 Cet	26 41 WISH (X+	59-3443833		pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add Fee Requi		
City & State	i Haven USA	City & State	20	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F		
zip' するみり	U 25 USA	29 33 JUL 30	Country	1 disonar roporty rax.	Yes 🗌	No	
				10. Name and Address of New Registered Ag	ent		
DIED	RCE HENRY LUR		81 Name	ENIY & MEIO		[
PIERCE, HENRY J JR 411 W. 18TH COURT 82 Street Address 9			iress (P.O. Box Number is Not Acceptable)				
LVAIN LAVIEN PLAGAAA		WISTILKT					
LYNN MAVEN FL 32444							
			84 City	IN HAVEY I FL	85 Zip Coo	$\mu\mu\mu$	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida, Such change was auth	the above-named cornorated by the corporat	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appoints	anging its reg nent as regis	gistered tered	
agent. I a	m familiar with, and accept the obligati	ons of Section 607.0505, Florid	a Statutes.	ion's board of directors. I hereby accept the appoint	a		
SIGNATURE		ANOTE: Pe	egistered Agent signature requir	DATE	<u> </u>	/	
12,	Signature typed or pinted name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 12	
πιε	P	☐ DELETE	1.1 TITLE		Change /	Addition	
NAME	PIERCE, HENRY J		1.2 NAME	,		}	
STREET ADDRESS	411 W. 18TH COURT	,	1.3 STREET ADDRESS				
CITY-ST-ZIP	LYNN HAVEN FL 32444		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TMLE	/ [] Change	Addition	
NAME			2.2 NAME			}	
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TITLE	1	☐ DELETE	3.1 TITLE	, /	_ Change	☐ Addition ∫	
NAME	· '		3.2 NAME	.// /		[
STREET ADDRESS		~	3.3 STREET ADDRESS	\\ <i>\\\</i>		İ	
CITY-ST-ZIP	<u> </u>	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition	
TITLE		T) OFFEIT	4.1 IIILE 4. 2 NAME				
NAME STREET ADDRESS	1			$N \hookrightarrow$		}	
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OILI-OI-ZIF			4.3 STREET ADDRESS			}	
		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE] Change	Addition	
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TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		· ·	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		· ·		

14. I 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, with all other like empowered.

SIGNATURE: