## 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

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90154 001 \*\*\*150.00

DOCUMENT # P97000088648

1. Corporation Name

H & H DESIGN STUDIOS, INC.

Пини	LOIGIN STUDIOS, INC.						
Principal Place	e of Business	Mailing Address				Indinder of little line and many many many care care and any	
986 34TH AVEN		5986 34TH AVENUE NORTH					
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 3371							
•						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 10/13/1997	
2. Principal of	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
<u></u>		26				59-3475739   Not Applicable	
Suite, Ap . #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Adultional	
	·	27				Fee Required	
City & State	ie .	City & State				6. Election Campaign Financing \$5.00 May Be	
3		28				Trust Fi nd Contribution Added to rees	
Zip	Count y	Zip				8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		341		10. Name and Address of New Registered Agent	
HUD	DRALL CARV I		į,	81	Name		
HORRALL, GARY L			-	82	Street Addre	Iress (P.O. Box Number is Not Acceptable)	
	6 34TH AVENUE NORTH		1				
ST. PETERSBURG FL 33710				83			
			}	84 (	City	85 Zip Ccde	
					•	FL   1	
office or re	to the provisions of Se tions 607.0502 registered agent, or bot i, in the State o am familiar with, and accept the obligati	of Florida. Such change was a	uthorized	DV the	named corpo e corpora io	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered /	Agent s	der uper erutanak	ed when reinstating) DATE	
12.	OFFICERS AND		13.	1901	grades	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	DELETE		1.1 TITLE		Change Addition	
NAME	BETH-HAMILTON, NANCY E		1.2 NAJ	1.2 NAME			
STREET ADDRESS	COOK CATH AMENING MODELL				DDRESS		
	ST. PETERSBURG FL 33710			reet a	1		
CITY-ST-ZIP	VT	DELETE	2.1 TITE		<u> </u>	☐ Change ☐ Addition	
TITLE	HORRALL, GARY L	<u> </u>	· ·	2.2 NAME		1	
NAME	FORC SATULAVENUE MODTH			2.3 STREET ADDRESS		1	
STREET ADDRESS	ST. PETERSBURG FL 33710					1	
CITY-ST-ZIP	31. PETENDONO TE 307 TO	DELETE	2. 4 CIT	TY-ST-2	ZIP	Change Addition	
TITLE		[] beec.	3.2 NAME				
NAME				3.3 STREET ADDRESS		1	
STREET ADDRESS				l i		(	
CITY-ST-ZIP	<u> </u>	DELETE	3.4. CITY-ST		ZIP	☐ Change ☐ Addition	
TITLE			4.1 TITLE 4.2 NAME			<u> </u>	
NAME					-20500		
STREET ADORESS				4.3 STREET ADDRESS			
CITY-ST-ZIP	<del></del>	□ DELETÉ		4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE				5.1 TITLE 5.2 NAME		<b>—</b>	
NAME			1		ADDRESS		
STREET ADDRESS	1			TY-ST-Z			
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TIT		ZIP —	☐ Change ☐ Addition	
TITLE			6.2 NA		1		
NAME					000000		
STREET ADDRESS	į				ODRESS		
CITY-ST-ZIP				ry-st-z		Section 119.07(3)(i), Florida Statutes. I further certify that the information	
44	continue that the information condined wif	to this filing does not qualify to	or the exer	motior	n stated in S	Section 119.07(3)(1), Florida Statutes, Fluriner certify that the information	

4. I heretly 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 informatio 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 eath; 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: ...

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