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**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91319 039 \*\*\*150.00

CU028112



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000098065

1. Entity Name  
H.D. SALES, INC.

Principal Place of Business  
15460 FIDDLESTICKS BOULEVARD  
FT MYERS FL 33912

Mailing Address  
15460 FIDDLESTICKS BOULEVARD  
FT MYERS FL 33912

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

4. FEI Number 65-0795453  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS  
TITLE PSTD  
NAME DILLING, HARRY H  
STREET ADDRESS 15460 FIDDLESTICKS BOULEVARD  
CITY-ST-ZIP FT MYERS FL 33912  
TITLE VD  
NAME THOMPSON, DONNA D  
STREET ADDRESS 15460 FIDDLESTICKS BOULEVARD  
CITY-ST-ZIP FT MYERS FL 33912  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] HARRY D. DILLING 02-22-01 941-561-5309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mar 01, 2001 8:00 am

Secretary of State

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[Barcode]

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