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May 17, 1999 8:00 am
Secretary of State
05-17-1999 90063 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P97000104824

1. Corporation Name
H & P CREATIONS, INC.

Principal Place of Business	Mailing Address
FLORIDA	1776 CHALLEN AVE. JACKSONVILLE, FL. 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-12-97

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3482336 — 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

7. 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
Virginia Harris 1776 Challen Avenue JACKSONVILLE, FL. 32205	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 Virginia Harris
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when changing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT T/D/C ☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	VIRGINIA HARRIS	1.2 NAME	
STREET ADDRESS	1776 CHALLEN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL. 32205	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT T/D/S ☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	LEAH POWELL	2.2 NAME	
STREET ADDRESS	1776 CHALLEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL. 32205	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE Leah H. Powell-V.P. Virginia Harris Pres. 4-7-99 904-387-2748
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — Daytime Phone # — 0045150