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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90141 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000074379 1. Corporation Name H & M ENTERPRISES OF DUVAL, INC.					
Principal Place of Business 7208 ATLANTIC BLVD. JACKSONVILLE FL 32256			Mailing Address 7208 ATLANTIC BLVD. JACKSONVILLE FL 32256		
2. Principal Place of Business 21 <input type="text"/> 2a. Mailing Address 26 <input type="text"/>					
Suite, Apt. #, etc. 22 <input type="text"/>			Suite, Apt. #, etc. 27 <input type="text"/>		
City & State 23 <input type="text"/>			City & State 28 <input type="text"/>		
Zip Country 24 <input type="text"/> 25 <input type="text"/>			Zip Country 29 <input type="text"/> 30 <input type="text"/>		
9. Name and Address of Current Registered Agent DETTMER, DALE A 340 S. HARBOR CITY BLVD. SUITE 201 MELBOURNE FL 32901			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <input type="text"/> 84 City <input type="text"/> 85 Zip Code <input type="text"/>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME D THOMPSON, MARK D STREET ADDRESS 7208 ATLANTIC BLVD. CITY-ST-ZIP JACKSONVILLE FL 32256			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:

SIGNATURE *Mark D. Thompson*3/6/99
Date721-9111
Daytime Phone #

CR2E034 (1/98)