FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90348 042 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P98000089321

1. Entity Name

H & M PARTNERSHIP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 Aberdeen Loop	700 Aberdeen Loop
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32405 Country: US	Zip: 32405 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593538121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: B. Keith Mollman

Street Address (P.O. Box Number is Not Acceptable): 700 Aberdeen Loop, Suite A

City: Panama City FL 32405

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 _____ DATE

Signature, typed or printed name of registered agent and date if applicable (NOTE: for registered agent, signature required when changing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 D NAME EDWARD HOLLAND, III STREET ADDRESS 700 ABERDEEN LOOP, SUITE A CITY-ST-ZIP PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME B. KEITH MOLLMAN STREET ADDRESS 700 ABERDEEN LOOP, SUITE A CITY-ST-ZIP PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME EDWARD W. HOLLAND, IV STREET ADDRESS 700 ABERDEEN LOOP, SUITE A CITY-ST-ZIP PANAMA CITY,FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME DENNIS MCCABE STREET ADDRESS ~~700 ABERDEEN LOOP, SUITE A~~ CITY-ST-ZIP PANAMA CITY,FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: B. Keith Mollman 04/23/02 850-265-9473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #