FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:59

DOCUMENT # **S49616** (3)

1. Corporation Name
H&D, INC.

Principal Place of Business	Mailing Address
30 HARDEE SDT. P.O. BOX 640 LABELLE FL 33935 US	30 HARDEE ST. P.O. BOX 640 LABELLE FL 33935 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business	2a. Mailing Address
21 Hwy 80 & Lee Street	26 P.O. Box 816
Suite, Apt. #, etc. 22 P.O. Box 816	Suite, Apt. #, etc. 27
City & State 23 La Belle, FL	City & State 28 La Belle, FL
Zip 24 33935 Country 25 US	Zip 29 33935 Country 30 US

4. FEI Number: 59-3074463 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROWLEE, WAYNE E. 30 HARDEE ST. P.O. BOX 640 LABELLE FL 33935	81 Name: B. JOAN HARRISON 82 Street Address (P.O. Box Number is Not Acceptable): Hwy 80 & Lee Street 83 P.O. Box 816 84 City: La Belle FL 85 Zip Code: 33935

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: B Joan Harrison — B. JOAN HARRISON, PRESDENT — DATE: 6-10-95
(Signature of current or previous registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	11 TITLE	☐ Change ☐ Addition
NAME	HARRISON, B JOAN	12 NAME	
STREET ADDRESS	13620 BRYNWOOD LANE	13 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: B Joan Harrison — B. JOAN HARRISON — 6-10-95 — 941-675-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0334627 CP