SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # S55782 (4) H & H HOSPITALITY, INC. Mailing Address Principal Place of Business P O BOX 21885 P O BOX 21885 CHATTANOOGA TN 37421 **CHATTANOOGA TN 37421** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/30/1995 05/29/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0269971 26 21 \$B.75 Additional Suite, Ant. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Country Žip ____ Yes ___ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 82 PLANTATION FL 33324 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Styrocine types or product name of registers Layer and tilled applicable (hiGlt: Registered Agent significate required when rooms rung) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME HARBOUR, C.B., M NAME 1.3 STREET ADORESS 125 LEE PARKWAY STREET ADDRESS 14 C:TY - ST- ZIP **CHATTANOOGA TN** CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME HOLMES, GERALD D. NAME 2 3 STREET ADDRESS 115 NOWLIN LANE STE 1000 STREET ADDRESS 2 4 CITY - \$1 - ZIP CHATTANOOGA TN City-St 7IP Change Addition DELETE 3.1 TITLE TITLE

3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C(TY-S1-Z)P CITY - ST - ZIP Change Addition DELETE 413016 THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZIP CITY - SI - ZIP Change Addition DELETE 61 TITLE TETLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIF 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)(k). 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 efficient or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Brock 12 or Brock 13 if changed out an attachment with an address.

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6-26-76 Daylor Place