

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005476

**Entity Name:** H.H. HOLDINGS, INC.

**Current Principal Place of Business:**

303 NORTH CLYDE MORRIS BOULEVARD  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

303 NORTH CLYDE MORRIS BOULEVARD  
ATTN: LEGAL DEPARTMENT  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 59-3222484

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALLO, VIVIAN M  
303 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114 US

*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:** VIVIAN M. GALLO

04/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name            SCHANDEL, SUSAN  
Address         ONE DAYTONA BOULEVARD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            CHAIRMAN, DIRECTOR  
Name            GOODEMOTE, HAROLD  
Address         619 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR  
Name            RITCHEY, GLENN  
Address         551 NORTH NOVA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR, VC  
Name            FRANCATI, DANIEL  
Address         21 COQUINA RIDGE WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title            PRESIDENT, CEO  
Name            FEASEL, JEFF  
Address         303 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            CFO, VP  
Name            PEBURN, ERIC  
Address         303 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR, SECRETARY  
Name            MCCALL, TOM  
Address         2379 BEVILLE ROAD  
City-State-Zip: DAYTONA BEACH FL 32117

Title            DIRECTOR  
Name            LENTZ, CARL W III  
Address         2855 S. ATLANTIC AVE.  
                  601  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFF FEASEL

PRESIDENT, CEO

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CONNOR, ED  
Address        1010 JOHN ANDESON DR.  
City-State-Zip: ORMOND BEACH FL 32176