2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 05/24/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER, DIRECTOR Title CHAIRMAN, DIRECTOR

Name SCHANDEL, SUSAN Name GOODEMOTE, HAROLD

Address ONE DAYTONA BOULEVARD Address 619 NORTH BEACH STREET

City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR Title DIRECTOR, VC
Name RITCHEY, GLENN Name FRANCATI, DANIEL

Address 551 NORTH NOVA ROAD Address 21 COQUINA RIDGE WAY

City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: ORMOND BEACH FL 32174

Title PRESIDENT, CEO Title CFO, VP

Name FEASEL, JEFF Name PEBURN, ERIC

Address 303 N. CLYDE MORRIS BLVD. Address 303 N. CLYDE MORRIS BLVD.

City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR, SECRETARY Title DIRECTOR

Name MCCALL, TOM Name LENTZ, CARL W III

Address 2379 BEVILLE ROAD Address 2855 S. ATLANTIC AVE.

6

City-State-Zip: DAYTONA BEACH FL 32117 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 05/24/2017

FILED

May 24, 2017

Secretary of State CC6698490759

Officer/Director Detail Continued:

Title DIRECTOR
Name CONNOR, ED

Address 1010 JOHN ANDESON DR.

City-State-Zip: ORMOND BEACH FL 32176