

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S37965

**Entity Name:** H.B.M., INC.

**Current Principal Place of Business:**

485 HARRISON AVE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

485 HARRISON AVE  
PANAMA CITY, FL 32401 US

**FEI Number:** 59-3056541

**Certificate of Status Desired:** No

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

HARRIS, TROY CPD  
2312 ASHLAND DRIVE  
PANAMA CITY, FL 32405 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HARRIS, TROY COE EARL  
Address 2312 ASHLAND DRIVE  
City-State-Zip: PANAMA CITY FL 32405

Title S/VP  
Name HARRIS, LERAE D  
Address 2312 ASHLAND DRIVE  
City-State-Zip: PANAMA CITY FL 32405

Title T/VP  
Name RICHARDSON, TINA D  
Address 193 DERBY WOODS DR  
City-State-Zip: LYNN HAVEN FL 32444

Title VP  
Name BATTEN, DAVID D  
Address 4594 SOUNDSIDE DR  
City-State-Zip: GULF BREEZE FL 32563

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TINA RICHARDSON

T/VP

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date