


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90008 011 ***150.00

0080664

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P98000031767 ✓

1. Corporation Name
H 2 F, INC.



Principal Place of Business 6544 PINELOCH COURT JUPITER FL 33458	Mailing Address 6544 PINELOCH COURT JUPITER FL 33458
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>204 S. Hampton Dr.</i>		2a. Mailing Address 26 <i>204 S. Hampton Dr.</i>		3. Date Incorporated or Qualified 04/07/1998	
22 Suite, Apt. #: etc.		27 Suite, Apt. #: etc.		4. FEI Number 65-0833347	
23 City & State <i>Jupiter, FL</i>		28 City & State <i>Jupiter, FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip <i>33458</i>		25 Country <i>Palm Beach</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip <i>33458</i>		30 Country <i>Palm Beach</i>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOYCE, DENNIS M 831 U.S. HIGHWAY ONE N PALM BEACH FL 334-08				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 - Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HODGES, KENDELL		1.2 NAME		
STREET ADDRESS	6544 PINELOCH COURT		1.3 STREET ADDRESS	<i>204 S. HAMPTON DR</i>	
CITY-ST-ZIP	JUPITER F; 33458		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FICO, JOHN		2.2 NAME		
STREET ADDRESS	6544 PINELOCH COURT		2.3 STREET ADDRESS	<i>204 S. Hampton Dr.</i>	
CITY-ST-ZIP	JUPITER F; 33458		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: *Kendell Hodges*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

To whom it may concern,

7.20.99

595255-90008-11

098000031767

We received in the mail a 2nd notice
for filing. We called and spoke to Sean Toner
at 850-487-6057
and explained we had mailed it in prior to May 1st.

We contacted the bank and was informed that the
check was still not cashed. We are sending another

check with this 2nd notice form as instructed
by Sean. Thank you.

Hendell Hodges

Please note was sent to wrong address
address is 204 S. Hampton
not Pinebark