FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 541888

J. & H. BUILDING, INC.

Principal Place	e of Business	Mailing Address						### #### · ### ·	
3221 SE COUR		3221 SE COURT DR	IVE		•				
STUART FL 33997		STUART FL 33997				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	-		
						07/25/1977			
2. Principal P	lace of Business	2a. Mailing Address	S			4. FEI Number		lied For	
21		26				59-1752182		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
		City & State		-		A Flasha Carania Financia	\$5.00		
City & State		28				6. Election Campaign Financing Trust Fund Contribution	Added to		1
Zip Country			Zíp Country			8. This corporation owes the current year Intangible			
24	25	29	30	1		Personal Property Tax.		□No	
<u> </u>	9. Name and Address of Currer					10. Name and Address of New Registe	ered Agent		1
				81	Name				l
VALENTINO, FRANCIS J				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			l
3221 SE COURT DRIVE				Ш					1
510	ART FL 34997			83					
				84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode	
		1500 Fi-il-	04-4-1 41	Ш		ration submits this statement for the purpo	FL of changing its r	harataina	
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida. Such change	was authorized	J by '	tne corporation	i's board of directors. I hereby accept the	appointment as reg	istered	1
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	i Agen	signature required v	when reinstating) DA	те		á
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER			1/08)
TITLE	PS	☐ DELĒTE		TLE			☐ Change	☐ Addition	7
NAME	VALENTINO, FRANCIS J		1.2 N	1.2 NAME					E034
STREET ADDRESS	1		1.3 \$1	1.3 STREET ADDRESS					7
CITY-ST-ZIP	STUART FL 34997			1.4 CITY-ST-ZIP			Change	Addition	. C
TITLE	VT	☐ DELETE 2.11				j			_
NAME	CAROL MUNZENRIER		2.2 N		ADDRESS	•			l
STREET ADDRESS	1 •			2.3 STREET ADDRESS 2. 4 City-ST-ZIP					1
CITY-ST-ZIP	JUNO BEACH FL 33408			3.1 TITLE			Change	☐ Addition	
NAME					<u></u> _		<u> </u>	<u> </u>	200
STREET ADDRESS					ADDRESS				l
CITY-ST-ZIP				ITY-S					
TITLE		☐ DELI					Change	☐ Addition	l
NAME			4. 2 N	MMÉ					l
STREET ADDRESS			4.3 S	TREET	ADDRESS				l
CITY-ST-ZIP				ITY-S1	r-ZIP				l
TITLE		☐ DEL					Change	Addition	
NAME			5.2 N			•			ł
STREET ADDRESS					ADDRESS				l
CITY-ST-ZIP				ITY-SI	r-zip		Change	☐ Addition	l
TITLE		☐ DEL	6.2 N				Change	I'' VOCUDO!)	ł
NAME	l .		0.2 N	-An⊏	1				1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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, so puth attachment with an address, with all other like empowered.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90104 002 ***150.00