

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90023 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006425

1. Corporation Name
JPH PROPERTIES, INC.



Principal Place of Business
415 SOUTH FIRST STREET SUITE 210
LUFKIN TX 75901

Mailing Address
PO DRAWER 100
LUFKIN TX 75902-0100
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1994

4. FEI Number

76-0304418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1929 ALLEN PARKWAY

26 P O BOX 130548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10 TH FLOOR

27

City & State
HOUSTON TX

City & State
HOUSTON TX

23 Zip Country
77019 USA

28 Zip Country
77219-0548 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	☒ DELETE
NAME	HUNTER III, JAMES P	
STREET ADDRESS	415 SOUTH FIRST STREET SUITE 210	
CITY-ST-ZIP	LUFKIN TX 75901	
TITLE	V	☒ DELETE
NAME	WELLS, BILLY	
STREET ADDRESS	415 SOUTH FIRST STREET SUITE 210	
CITY-ST-ZIP	LUFKIN TX 75901	
TITLE	V	☒ DELETE
NAME	ROTTMAN, JACK	
STREET ADDRESS	415 SOUTH FIRST STREET SUITE 210	
CITY-ST-ZIP	LUFKIN TX 75901	
TITLE	V	☒ DELETE
NAME	GERNER, W. CARDON	
STREET ADDRESS	415 SOUTH FIRST STREET SUITE 210	
CITY-ST-ZIP	LUFKIN TX 75901	
TITLE	STV	☒ DELETE
NAME	PARKER, SUSANNE	
STREET ADDRESS	415 SOUTH FIRST STREET SUITE 210	
CITY-ST-ZIP	LUFKIN TX 75901	
TITLE	V	☐ DELETE
NAME	BURCH, CARLETON R.	
STREET ADDRESS	415 SOUTH FIRST STREET SUITE 210	
CITY-ST-ZIP	LUFKIN TX 75901	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	CURTIS G BRIGGS	
1.3 STREET ADDRESS	1929 ALLEN PARKWAY	
1.4 CITY-ST-ZIP	HOUSTON TX 77019	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	RAY A GIPSON	
2.3 STREET ADDRESS	1929 ALLEN PARKWAY	
2.4 CITY-ST-ZIP	HOUSTON TX 77019	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	SUZANNE DINEFF	
3.3 STREET ADDRESS	1929 ALLEN PARKWAY	
3.4 CITY-ST-ZIP	HOUSTON TX 77019	
4.1 TITLE	TREASURER	☒ Change ☐ Addition
4.2 NAME	JOHN H LOHMAN JR	
4.3 STREET ADDRESS	1929 ALLEN PARKWAY	
4.4 CITY-ST-ZIP	HOUSTON TX 77019	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	LISA M NEWBURN	
5.3 STREET ADDRESS	1929 ALLEN PARKWAY	
5.4 CITY-ST-ZIP	HOUSTON TX 77019	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. LOHMAN JR. 3/30/99 713/522-9141

Date

Daytime Phone #