Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90076 038 ***150.00

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 # 410330

1. Corporation Name

S & H DEVELOPERS, INC.

						ERI BUBUL BUBUL BUBUL B	.[01] [1 8][[01]
Principal Place	of Business	Mailing Address				Tit diant Billit atan #	1807 87874 1481
P.O. BOX 977 P.O. BOX 977							
MULBERRY FL 33860 MULBERRY FL 33860					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/09/1972		}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	المراييسي الإنجاب يدان الديراييرسيسي	- 26	~		59-1439964	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year		_
24	25	2930	<u> </u>		Personal Property Tax.		□No
Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
1010	V OCCUPATA A LINEW ON CITY LINE	r DD	8	1 Name			Ì
KNOX CESARA A HWY 60 CITY LINE RD			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	30X 977		Ĺ				
MUL	BERRY FL 33860	,	. 8:	3	•		1
			84	4 City		85 Zip C	Code
			- 1			- L	
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 age	ant and title if applicable. (NOTE: Re-	gistered Ag	ent signature requ	uired when reinstating) DATE		——)
12.	TTT-	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PT	☐ DÉLETE	1.1 TITLE			Change	Addition (
NAME	KNOX, CESARA A.		1.2 NAME	<u>:</u>			-
STREET ADDRESS	HWY 60 COUNTY LINE RD.		1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	MULBERRY FL		1.4 CITY-	ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE			Change	Addition
NAME	KNOX, CESARA A.		2.2 NAME	:			
-STREET ADDRESS	-7510 COUNTRY LINE RD		2.3 STRE	ET ADORESS -		~	
CITY-ST-ZIP	MULBERRY FL		2. 4 CITY-	- 1			}
TITLE	mocourary re	☐ DELETE	3.1 TITLE			Change	Addition
NAME		_	3.2 NAME	<u>.</u>	•	•	
STREET ADDRESS	_		33 STRE	ET ADDRESS			
'		•	3.4. CITY	1			ſ
CITY-ST-ZIP		□ DELETE :	4.1 TITLE			Change	Addition
NAME		_	4.2 NAM	E			[
STREET ADDRESS		ì		ET ADDRESS			
•			4.4 CITY-	i			ł
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.1 T/TLE			Change	Addition
			5.2 NAME		•		
NAME				ET ADDRESS		-	
STREET ADDRESS			5.4 CITY-	i i			ľ
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Change	Addition
TITLE		F1 2551.5	6.2 NAME	- 1		_ ~	ļ
NAME				ET ADDRESS			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR