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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 659469

(1)

J.J.H. ENTERPRISES, INC.

FILED
May 01 1998 8:00am
Secretary of State

Principal Place of Business 4451 HADEN WAY		Mailing Address 4451 HADEN WAY			i. 6:211 5:01: 8:01( 0)6:: 195:	
CALLAHAN FL 32011		CALLAHAN FL 32011				
U\$		U\$		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 03/17/1980	
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.	Suite Apl # etc		59-2009933	Not Applicable
22	.,	27	·—		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	+		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30			Yes No
	9, Name and Address of Currer	t Registered Agent	81	1 11	10. Name and Address of New Registered	Agent
HOLMÉS, JACQUELINE J.				Name		
<del>MT 2 BOX 531.B</del> 4461 Haden Way CALLAHAN FL 32011			82	Street A	Address (P.O. Box Number is Not Acceptable)	
<b>-</b>			83	<del> </del>	<del></del>	
			84	City		85 Zip Code
	·····			- '	FL	<b>-  </b>
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printiid name of registered age			eni signalure i	required when reinstaling) DATE	
12.	OFFICERS AN	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME	HOLMES, JACQUELINE J.	L.J DELETE	1.2 NAME			El cualide El vocition
STREET ADDRESS	4451 HADEN WAY			1 address		
CITY-ST-ZIP	CALLAHAN FL		1.4 CITY-			
TITLE	8 DELETE		2.1 TITLE	51 211		Change Addition
NAME	DAVIS, JAMES A		2.2 NAME		•	
STREET ADDRESS	4487 LOSCO ROAD		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY - ST - ZIP			
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-	ST-ZIP		I Ohmor D Archine
TITLE NAME		Ļ DEŁEIĘ	4.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME	T ADDRESS		
CITY-ST-ZIP			4.3 STREE			
TITLE			5.1 TITLE	31-21		Change Addition
NAME			5.2 NAME	1		
Street address				T ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	61 THLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		
CITY-ST-ZIP		95 41 10 10 10 10 10 10 10 10 10 10 10 10 10	64 CITY	ST-ZIP	1.0.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	

14. I nereby 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.