Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90017 010 \*\*\*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 # F06084

1. Corporation Name

H & D INVESTMENTS OF JACKSONVILLE, INC.

Date of the Control o						
Principal Place of Business Mailing Address						
420 WALNUT STREET P.O. BOX 321						
	PRINGS FL 32043		PRANGE PARK FL 32067-0321			DO NOT WRITE IN THIS SPACE
US	US US					3. Date Incorporated or Qualifed
						11/19/1980
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	26				59-2041064 Not Applicable	
Suite, Apt.	#_etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	,,	27				5. Certifcate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing 5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
24	9. Name and Address of Current		11			10. Name and Address of New Registered Agent
				81	Name	
WILL	IAMS JR, GRADY H			00	01	Address (D.O. Day Nillymbox is Not Accomptable)
1279 KINGSLEY AVE				82 Street Address (P.O. Box Number is Not Acceptable)		
STE #117				83		
	NGE PARK FL 32073			L		
0.4.				84	City	FL 85 Zip Code
44 Diversional	to the provisions of Continue 507 050	2 and 607 1509 Florida Statut	os the a	hove	-named	corporation submits this statement for the purpose of changing its registered
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 registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Stanature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						required when reinstating) OATE
	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agent	t signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETE DELETE	1.1 T	TIF	1	Change Addition
	TVD		12 N			
NAME	DAVIDSON, JOYCE				ADDRESS	
STREET ADDRESS	420 WALNUT STREET					
CITY-ST-ZIP	GREEN COVE SPRINGS FL	DELETE	1,4 C	ITY-ST	F-ZIP	☐ Change ☐ Addition
TITLE	DPS					Grange Crossess
NAME	DAVIDSON, W.H.		2.2 N			
STREET ADDRESS	420 WALNUT STREET				ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	<del></del>	_	CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 T	MLE		☐ Change ☐ Addition
NAME .			3.2 N	AME		,
STREET ADDRESS			3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			3.4. 0	ATY-\$	T-ZIP	
TITLE		☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME			4.2 N	IAMÉ		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	•		4.4 C	ITY-ST	r-ZiP	<u> </u>
TITLE		☐ DELETE	5.1 T	WE.		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-ST	r-ZIP	
TITLE		☐ DELETE	6.1 รา	ITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		}

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR