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

Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)F84594 J & H OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address P. O. BOX 16177 PO BOX 16177 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1982 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2193006 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 ☐ No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent B1 GREEN, JULES J. 6617 7 PINES DR Street Address (P.O. Box Number is Not Acceptable) 82 **BRADENTON FL 34203** 83 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change GREEN, JULES J. NAME 1.2 NAME 6617 7 PINES DR STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP **BRADENTON FL** 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GREEN, HELEN C NAME 2.2 NAME 6617 7 PINES DR STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City-St-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change ☐ Addition TITLE 5.1 TITL€ 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.9 STREET ADDRESS** CITY-ST-ZIP 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 of the receiver at 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, of on an attachment with an address.

FILED