

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90246 015 \*\*\*150.00

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DOCUMENT # **F94000000470**

1. Corporation Name  
**JRS PROPERTIES, INC. OF OHIO**

Principal Place of Business  
**8417 ARBORY HILL CT  
DUBLIN OH 43017**

Mailing Address  
**8417 ARBORY HILL CT  
DUBLIN OH 43017**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/31/1994**

4. FEI Number  
**31-1396624**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

21 **22 ANGEL WING DR.**

2a. Mailing Address

26 **22 ANGEL WING DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **HILTON HEAD ISL, SC**

City & State

28 **HILTON HEAD ISL, SC**

Zip

24 **29926**

Country

Zip

29 **29926**

Country

30

9. Name and Address of Current Registered Agent

**FERGUSON, WILLIAM S  
107 HORSESHOE TRAIL  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**26 WILDWOOD TRAIL**

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

TITLE **PTD** ☐ DELETE  
NAME **BROWN, DIANE S**  
STREET ADDRESS **8417 ARBORY HILL CT**  
CITY-ST-ZIP **DUBLIN OH**

TITLE **VSD** ☐ DELETE  
NAME **GLANDER, SUSAN S**  
STREET ADDRESS **6720 CASTLETON DR**  
CITY-ST-ZIP **CLEMONS NC**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **22 ANGEL WING DRIVE**  
1.4 CITY-ST-ZIP **HILTON HEAD ISLAND, SC 29926**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **4210 BRECKENRIDGE CT.**  
2.4 CITY-ST-ZIP **ALPHARETTA, GA 30005**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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: **DIANE S. BROWN** **DIANE S. BROWN** 1/15/99 843-689-9181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)