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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500005211 (6)

JHM GREENVILLE, INC.

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

PO

Principal Place of Business Mailing Address RIVERSIDE OFFICE PARK PO BOX 8375 SUITE 3B AND 3G **GREENVILLE SC 29604 GREENVILLE S 2960** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/25/1995</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 57-0729099 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired W Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CUROTTO, DON C/O WELLS, ALLEN, LANG & MORRISON. P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 340 NORTH ORANGE AVENUE ORLANDO FL 32802 84 City 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 PCD DELETE Change TITLE 1.1 TITLE RAMA, HASMUKH NAME 1.2 NAME **306 HENDERSON ROAD** STREET ADDRESS 1.3 STREET ADDRESS **GREENVILLE SC** CITY-ST-ZIP 1.4 CITY - ST-ZIP SD DELETE Change Addition TITLE 2.1 TITLE RAMA, JAYANTI P NAME 2.2 NAME **306 HENDERSON ROAD** STREET ADDRESS 2.3 STREET ADDRESS **GREENVILLE SC** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RAMA, MANHAR P NAME 3.2 NAME 1 HERMOSA COURT STREET ADDRESS 3.3 STREET ADDRESS **GREER SC** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETÉ Change Addition TITLE 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I hereby certify that the information supplied with this filling 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

02/02/08