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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G65822

Principal Place of Business

H & S PROFESSIONAL PROPERTIES, INC.

1823 ATLANTIS PLACE 1823 ATLANTIS PLACE											
Tallahassee T US	SSEE FL 32303 TALLAHASSEE FL 32303 US					DO NOT WRITE IN THIS SPACE					
03		00				3. Date Incorporated or Qualife 10/20/1983	d				
2. Principal Pla	ace of Business	2a. Mailing Address		_		4. FEI Number		A	pplied For		
21		26				59-2337122		N	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired		
22				 		6. Election Campaign Financing		\$5.00	May Be		
City & State	28					Trust Fund Contribution		Added	to Fees		
Zip 24	Country 25	Zip 29	Zip Country			This corporation owes the cu Personal Property Tax.		□Yes	No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
				81	Name				ļ		
Dennard, Harry a 1823 atlantis place				82	Street A	Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32303							_		-		
				84	City		FL	85 Zip	Code		
44 0	- the	0502 and 607 1509 Florida Sta	atutes the a	hove	-named o	corporation submits this statement for the	e numose of o	hanging it:	s registered		
office or re	o the provisions of Sections 607. egistered agent, or both, in the St π familiar with, and accept the ob	ete of Florida. Such change wa	is authorized	יסונ	tne como	ration's board of directors. I hereby acc	ept the appoin	tment as re	egistered		
SIGNATURE	Signature, typed or printed name of registered					quired when reinstating)	DATE				
12.		AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO C	FFICERS AN	DIRECT	ORS IN 12		
TITLE	DTS	☐ DELETE	1.1 TO	TLE				Change			
NAME	DENNARD, HARRY A		1.2 N	AME							
í	1823 ATLANTIS PLACE				ADDRESS				l		
STREET ADDRESS					1						
CITY-ST-ZIP	TALLAHASSEE FL	☐ DELETE	1,4 Cl 2,1 Tf		-218			[] Change	Addition		
TITLE	PD CAMPBA D										
NAME	DENNARD, SANDRA B.		2.2 N/								
STREET ADDRESS	1823 ATLANTIS PLACE		1 -		ADDRESS	,			1		
CITY-ST-ZIP	TALLAHASSEE FL		2.4C		T-ZIP		-	[] Change	Addition		
TITLE		☐ DELETE						L_I Criainge	□ ∧Gallion		
NAME			3.2 N/	AME							
STREET ADDRESS			3.3 ST	TREET	ADDRESS				l		
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TI	ΠE				Change	☐ Addition		
NAME			4, 2 N	AME							
STREET ADDRESS			4.3 \$1	TREET	ADDRESS				Ì		
CITY-ST-ZIP			4.4 CI	TY-S	7-21P						
TITLE		☐ DELETE						Change	☐ Addition		
NAME			, 5.2 N	AME		الأراب والمراجع المراجع					
STREET ADDRESS			5.3 ST	TREET	ADDRESS				. [
				TY-S	ļ	والمعارب المالي					
CITY-ST-ZIP		☐ DELETE			-		 	Change	· · · [Addition		
TITLE		L. Dette	6.2 N								
NAME					ADDRESS						
STREET ADDRESS			0.3 8	IKEE	ADDKE22				ļ		

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:

March 9, 1999 850 297-0086

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90209 045 ***150.00