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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 # G72922

1. Corporation Name

H AND J DEVELOPMENT COMPANY

Dringing Diag	o of Dusiness	Mailing Address			
Principal Place of Business Mailing Address					
6251 PALM VISTA STREET 6251 PALM VISTA STREET PORT ORANGE FL 32124 PORT ORANGE FL 32124					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					12/08/1983
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
	726.				59-2392206 Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.	-		_ \$8.75 Additional
22	, · · · · · · · · · · · · · · · · · · ·			-	5. Certificate of Status Desired Fee Required
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent		T ** 5 ***	10. Name and Address of New Registered Agent
VEA	DAL JAMES I		81	Name	
KEARN JAMES J. 138 LIVE OAK AVENUE DAYTONA BEACH FL 32114			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
			83		
			84	City	85 Zip Code
				(FL '
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named corpo	oration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was auth- tions of, Section 607.0505, Florida	orized by a Statutes	tne corporatio	in a board of directors. I hereby accept the appointment as registered
SIGNATURE					3/26/99
SIGNATURE	Signature, typed or printed name of registered ager	y and title applicable. (NOTE: Re-	gistered Age	nt signature required	(when reinstating) DATE
12.		ID DIRÉCTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JUSTICE, PAUL S.		1.2 NAME		
STREET ADDRESS	924 OETTER DR		1.3 STREE	TADDRESS	
CITY-ST-ZIP	S. DAYTONA FL		1.4 CITY-S	T-ZIP	
TITLE	VPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JUSTICE, PAUL GREGORY		2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 2.4C		2.4 CITY-S	ST-ZIP -	and the same of th
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JUSTICE, STEPHEN K.		3.2 NAME		
STREET ADDRESS	AAAA MAMAA WAXAA AAAAAAAAAAAAAAAAAAAAAAA		3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE		Change Addition
NAME	HURT, JEFF		4. 2 NAME		
STREET ADDRESS	AATA DALLA MATE ATDEM		4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TIFLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP		!	5.4 CITY- S	T-ZIP	<u></u>
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
i			I	T ADDRESS	

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 employeed 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3/30/99

904/760-3212