## 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 #** 

1. Corporation Name

3-H Deuclopment Corporation

May 15, 1999 8:00 am Secretary of State

05-15-1999 90025 018 \*\*\*150.00

						1			
Principal Place of Business Mailing Address						1			
1610 M	hercury St.								
Merritt Island, Fla. 32953						DO NOT WRITE IN THIS SPACE			
101644						3. Date Incorporated or Qualifed			
	•					1924			
2. Principal	lace of Business 2a. Mailing Address					4. FEI Number		App	lied For
21	<u>.</u>	26				59-2489625		Not	Applicable
Suite, Ap	t. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional		
22	- 27					5. Certificate of Citatus Besired	Fe	e Req	uired
City & St						6. Election Campaign Financing \$5.00 May E			•
23 28						Trust Fund Contribution		ded to	Fees
- 7ln					Country 8: This corporation owes the current year intangible  Personal Property Tax. ☐ Yes ✓ No				
24	25 9. Name and Address of Curre	29 29 Agent	30			Personal Property Tax.  10. Name and Address of New Registere			
		ant Registered Agent	———— <del> </del>	11	Name	To. Hame and Address of New Registers	u rigotit		
Alan G. Holmes									
1610 Mercury Street				2	Street Address (P.O. Box Number is Not Acceptable)				
Mka	ritt Island, Fl	a. 32953	8	3					
Mer	414 ( Zotano):			4			1	*** 6	
			8	4	City	F	85	Zip Co	ode
11. Pursuar	nt to the provisions of Sections 607.05	502 and 607.1508, Florida S	tatutes, the abo	ve-	named corpo	ration submits this statement for the purpose of	of changin	ng its r	egistered
office or	r registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such change w	as authorized b	y th	he corporation	's board of directors. I hereby accept the app	ointment a	as regi	stered
-		gations of, occitor our .0000	, I londa otatak						
SIGNATUR	Signature, typed or printed name of registered as	gent and title if applicable. (	NOTE: Registered A	ent s	signature required	when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRE	CTOR	S IN 12
TITLE	Alan Gittelmes	☐ DELETI	E 1.1 TITLI	•			Cha	inge	Addition
NAME	President	- 0	1.2 NAM	E					
STREET ADDRES	16/0 Mercur	4,5th or an		ET A	ADDRESS				
CITY-ST-ZIP	Morritt 15	land, F/. 329			ZIP				
TITLE	James T. Holmes	1 or hove? It at a transmission ====		2.1 TITLE			☐ Cha	ange	Addition
NAME	Secretary Tremure	: <b>r</b>	2.2 NAM	E					
STREET ADDRES	s A BOX 1562	la, 32790	2.3 STR	ET A	ADORESS				
CITY-ST-ZIP	Winter park, F		2.4 CITY		-ZIP				C Addison
TITLE	·			3.1 TITLE			☐ Cha	uige	Addition
NAME			3.2 NAM			•			_
STREET ADDRES	S				ADORESS	-			
CITY-ST-ZIP TITLE	<del> </del>	☐ DELETE	3.4. CITY E 4.1 TITLE		· ZiP		☐ Cha	nge	☐ Addition
NAME			4.1 IIILE 4. 2 NAM					90	
					ADDRESS				
STREET ADDRES	»								
CITY-ST-ZIP TITLE	<del></del>	DELETI	4.4 CITY 5.1 TITLE		ZIP"		☐ Cha	inge	Addition
NAME			5.2 NAM					-	
STREET ADDRES	is i				ADORESS				
CITY-ST-ZIP	~		5.4 CITY						
TITLE				6.1 TITLE			Cha	nge	Addition
NAME			6.2 NAM	=			_		
STREET ADDRES	s		6.3 STRE	£ΤΑ	ADDRESS				
CITY ST 7IP			6.4 CITY	ST-2	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 an antachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR