

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J46813** (8)
1. Corporation Name
JBH OF LONGWOOD, INC.



Principal Place of Business % PAMELA O. PRICE 201 EAST PINE STREET, SUITE 1200 ORLANDO FL 32801	Mailing Address % PAMELA O. PRICE 201 EAST PINE STREET, SUITE 1200 ORLANDO FL 32801-2725
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/06/1986	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2743318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PRICE, PAMELA O.
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	BRYAN, JAMES B., III
STREET ADDRESS	254 DRIGGS DRIVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MASON, BETTY
STREET ADDRESS	254 DRIGGS DRIVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BAUNE, JAMES
STREET ADDRESS	254 DRIGGS DRIVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	V <input type="checkbox"/> DELETE
NAME	SCMIDT, CHERYL
STREET ADDRESS	254 DRIGGS DRIVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MASON, BETTY
2.3 STREET ADDRESS	254 DRIGGS DR.
2.4 CITY-ST-ZIP	WINTER PARK, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P BRYAN, JAMES B., IV
5.3 STREET ADDRESS	254 DRIGGS DR.
5.4 CITY-ST-ZIP	WINTER PARK, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **BETTY MASON** SECRETARY 1-24-97 407-678-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)