SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

J65936

(3)

J	H	ENTERPRISES	OF	ALACHUA	COUNTY.	INC.
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Principal Plac	THE OF ALACHUA	Mailing Address					
4401 NW SIXTH STREET GAINESVILLE FL 32609-1745		4401 NW SIXTH STREET GAINESVILLE FL 32609-1745					
					3. Date Incorporated or Qualified 04/01/1987	3a. Date of Last Report 06/28/1995	
	Place of Business	2a. Mailing Address	5		4. FEI Number	Applied For	
Suite, Apt	# ota	26			59-2908381	Not Applicab	
22	π, etc	Suite, Apt. #, etc	<u>ن</u> .		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	□ \$5.00 May Be	
23		28			Trust Furid Contribution	Added to Fees	
Zip 24	Country 25	Zip	Count	ry	8. This corporation has liability for	intangible tax under s 199 032 Yes No	
E-9 [9. Name and Address of Curren	29 nt Registered Agent	30		Florioa Statutes 10. Name and Address of New Re		
ш			8	1 Name	13. 114.114 4114 1144 1144	gisterou rigorie	
	Arrington, John Robert 208 NW 34 Place		a	82 Street Address (P.O. Box Number is Not Ac-		ale)	
	AINESVILLE FL 32606				raddiess (n.c. box intimber is not acceptable)		
•			8	3			
			8	4 City		85 Zip Code	
11 Durawasi	to the evening one of Cool and Co2 000	20 1007 1500 50 1		1	oration submits this statement for the p	PL	
SIGNATURE	Signature, typed or pricted name of registered age	VI 10 10 10 10 10 10 10 10 10 10 10 10 10	(NOTe Registered A	gent signafure requii	red when reinstating)	Cita's E	
	OIL IOCHS AN	ID DIRECTORS .	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TIFLE	PD	ID DIRECTORS DELET			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition	
	PD HARRINGTON, JOHN R.				ADDITIONS/CHANGES TO OFFIC		
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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

John A Hamington A. Signing officer on Director

Aug 1.96

376-9928