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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J93078 (0)

1. Corporation Name:
H9 CORP.

Principal Place of Business
8500 ORANGE AVE EST
P O BOX 1442
FT. PIERCE FL 34954

Mailing Address
8500 ORANGE AVE EST
P O BOX 1442
FT. PIERCE FL 34954-1442



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/21/1987

3a. Date of Last Report

06/19/1996

4. FEI Number

59-2850830

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FOWLER, MICHAEL D.
1905 SOUTH 25TH STREET
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BECKLEY, JAMES M.
STREET ADDRESS 901 PAINTED BUNTING LN
CITY - ST - ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME DEMPSEY, DAN
STREET ADDRESS 2627 S JENKINS RD
CITY - ST - ZIP FT. PIERCE FL

TITLE D ☐ DELETE

NAME ROBINSON, JAMES HENRY
STREET ADDRESS 2704 AVE R
CITY - ST - ZIP FT. PIERCE FL

TITLE D ☐ DELETE

NAME NOELKE, DENNIS
STREET ADDRESS 1300 HARTMAN ROAD
CITY - ST - ZIP FT. PIERCE FL

TITLE P ☐ DELETE

NAME GORDY, JAMES
STREET ADDRESS 500 PULITZER RD.
CITY - ST - ZIP FT. PIERCE FL

TITLE D ☐ DELETE

NAME VARN, BOB
STREET ADDRESS 1604 CORONADO
CITY - ST - ZIP FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

JAMES R. GORDY

4/28/97 561-468-0730

CR2E034 (9/96)