

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90105 039 ***150.00

DOCUMENT # K45257

1. Corporation Name
JEH JAMAICAN, INC.

Principal Place of Business

C/O JOHN HUDSON
6709 RIDGE ROAD, STE. 200
PORT RICHEY FL 34668-3890

Mailing Address

C/O JOHN HUDSON
6709 RIDGE ROAD, STE. 200
PORT RICHEY FL 34668-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1988

4. FEI Number

59-2916898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2739 U.S. Hwy 19
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2108
Suite, Apt. #, etc.

22 SUITE 201
City & State

27
City & State

23 HOLIDAY FL
City & State

28 ELFRS FL
City & State

24 34691 Zip Country
25 USA

29 34680-2108 Zip Country
30 USA

9. Name and Address of Current Registered Agent

HUDSON, JOHN
6709 RIDGE ROAD
SUITE 200
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

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

2739 U.S. Hwy 19

83

SUITE 201

84

HOLIDAY FL

85

Zip Code

34691

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	DP	<input type="checkbox"/> DELETE
NAME	HUDSON, JOHN	
STREET ADDRESS	6709 RIDGE RD., STE. 200	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SILVA, SUSAN	
STREET ADDRESS	6709 RIDGE RD.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SLEEMAN, GEORGE	
STREET ADDRESS	6709 RIDGE RD #200	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	NORTON, DAVID C.	
STREET ADDRESS	6709 RIDGE RD #200	
CITY-ST-ZIP	PORT RICHEY 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2739 U.S. Hwy 19, SUITE 201
1.4 CITY-ST-ZIP	HOLIDAY, FL 34691
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2739 U.S. Hwy 19, SUITE 201
2.4 CITY-ST-ZIP	HOLIDAY, FL 34691
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)