

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 09, 1999 8:00 am  
Secretary of State

04-09-1999 90063 030 \*\*\*150.00

DOCUMENT # K84764

1. Corporation Name  
JRH SPORT INDUSTRIES, INC.

Principal Place of Business

4455-6 SUNBEAM RD.  
JACKSONVILLE FL 32257

Mailing Address

4455-6 SUNBEAM RD.  
JACKSONVILLE FL 32257



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1989

4. FEI Number

59-2947460

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6550 ST. Rd. 16

2a. Mailing Address

26 6550 ST. Rd. 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Augustine, FL

City & State

28 St. Augustine, FL

Zip

24 32092

Country

25 St. Johns

Zip

29 32092

Country

30 St. Johns

9. Name and Address of Current Registered Agent

HELMS, JAMES K.

~~4003 SUNBEAM RD #304~~  
~~JACKSONVILLE FL 32257~~

10. Name and Address of New Registered Agent

81 Name Helms, James K.

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

83 1173 county Rd. 13 south

84 City St. Augustine

FL

85 Zip Code 32092

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 PCT ☒ DELETE

NAME HELMS, JAMES K.

STREET ADDRESS 1173 COUNTY RD 13

CITY-ST-ZIP ST. AUGUSTINE FL

TITLE SD ☒ DELETE

NAME HELMS, JAMES G.

STREET ADDRESS 1173 COUNTY RD 13

CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCT ☒ Change ☒ Addition

1.2 NAME Helms, James K.

1.3 STREET ADDRESS 1173 county Rd. 13 south

1.4 CITY-ST-ZIP St. Augustine, FL 32092

2.1 TITLE SD ☒ Change ☒ Addition

2.2 NAME Helms, James G.

2.3 STREET ADDRESS 1173 County Rd. 13 south

2.4 CITY-ST-ZIP St. Augustine, FL 32092

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 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:

*James K. Helms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

Date

904-940-3381

Daytime Phone #

CR2E034 (11/98)