

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

0044151

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

2. Principal Place of Business  
21 6550 ST. Rd. 16

2a. Mailing Address  
26 6550 ST. Rd. 16

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State  
23 St. Augustine, FL

28 City & State  
St. Augustine, FL

24 Zip 32092 Country  
25 St. Johns

29 Zip 32092 Country  
30 St. Johns

9. Name and Address of Current Registered Agent

HELMS, JAMES K.  
4083 SUNBEAM RD #304  
JACKSONVILLE FL 32257

81 Name

Helms, James K.

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

1173 county Rd. 13 south

83

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PCT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMS, JAMES K.		1.2 NAME	Helms, James K.	
STREET ADDRESS	1173 COUNTY RD 13		1.3 STREET ADDRESS	1173 County Rd. 13 south	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMS, JAMES G.		2.2 NAME	Helms, James G.	
STREET ADDRESS	1173 COUNTY RD 13		2.3 STREET ADDRESS	1173 County Rd. 13 south	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)