

**CORPORATION
ANNUAL REPORT
1995**

**Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P21316

(5)

95 APR 13 PM 2:27

1. Corporation Name

J.D.H. REALTY, CO.

Principal Place of Business

**104 CRANDON BOULEVARD, #324
KEY BISCAYNE FL 33149**

Mailing Address

**104 CRANDON BOULEVARD, #324
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1988

3a. Date of Last Report

06/01/1994

4. FBI Number

95-3741574

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

11120 MC CANN ROAD

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AMITY, OR

City & State

City & State

Zip

97101

Country

N/A

Zip

Zip

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301**

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 fee if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **HARPER, JAMES D., JR.**
STREET ADDRESS **104 CRANDON BLVD., #324**
CITY, ST, ZIP **KEY BISCAYNE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **11120 MC CANN ROAD**
1.4 CITY, ST, ZIP **AMITY, OR 97101**

☒ Change ☐ Addition

TITLE **D**
NAME **HARPER, JAMES D., JR.**
STREET ADDRESS **104 CRANDON BLVD., #324**
CITY, ST, ZIP **KEY BISCAYNE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **11120 MC CANN ROAD**
2.4 CITY, ST, ZIP **AMITY, OR 97101**

☒ Change ☐ Addition

TITLE **V**
NAME **CARTER, CALVIN R.**
STREET ADDRESS **2496 VIA MARIPOSA**
CITY, ST, ZIP **SAN DIMAS CA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE **VAS**
NAME **SCHOLTZ, MARITA B.**
STREET ADDRESS **104 CRANDON BLVD., #324**
CITY, ST, ZIP **KEY BISCAYNE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

CALVIN R. CARTER 4/5/95

818/332-3658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR