

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  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90095 009 \*\*\*150.00

DOCUMENT # P21316

1. Corporation Name  
J.D.H. REALTY, CO.

Principal Place of Business  
11120 MC CANN ROAD  
AMITY OR 97101  
US

Mailing Address  
11120 MCCANN RD.  
AMITY OR 97101



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/17/1988

4. FEI 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  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 3250 MARY ST.

27 Suite, Apt. #, etc.

28 COCONUT GROVE, FL

29 33133-5232 30 US

9. Name and Address of Current Registered Agent

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

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 PST  
NAME HARPER, JAMES D., JR.  
STREET ADDRESS 11120 MCCANN ROAD  
CITY-ST-ZIP AMITY OR

☐ DELETE

TITLE D  
NAME HARPER, JAMES D., JR.  
STREET ADDRESS 11120 MC CANN ROAD  
CITY-ST-ZIP AMITY OR

☐ DELETE

TITLE V  
NAME CARTER, CALVIN R.  
STREET ADDRESS 533 26 ST #100-14  
CITY-ST-ZIP OGDEN UT

☐ DELETE

TITLE VAS  
NAME SCHOLTZ, MARITA B.  
STREET ADDRESS 3250 MARY STREET, SUITE 206  
CITY-ST-ZIP COCONUT GROVE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 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: Marita B. Scholtz MARITA B. SCHOLTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

305/569-3090

Daytime Phone #

0559797

CRZE034 (11/98)