## 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 11, 1999 8:00 am Secretary of State

03-11-1999 90046 008 \*\*\*150.00

DOCUMENT # P9300001144					
JRH REA	ALTY, INC.			T CONTINUE THE COURS STATE COURS OF THE COURSE	. 0.0:01 11361 11611 01811 6161 1331
Principal Place	e of Business	Mailing Address		[ {\$\$\$11\$\$1 11\$ 1816\$ 1111 \$\$111 \$\$111 \$\$111	MEIAN IIMAL MAN ANDM ANDL INDE
2750 GULF SHORE BLVD N 2750 GULF SHORE BLVD N					
NAPLES FL 34103 -43/3 STE 603		STE 603 NAPLES FL 34103 -43/3	₹	DO NOT WRITE IN THIS	SPACE
US		US	_	3. Date Incorporated or Qualifed	
				01/01/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0374576	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5: Certifcate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State		City & State		S. Flortion Compaign Financing	\$5.00 May Be
City & State	e	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip			Country	8. This corporation owes the current year In	tangibje
24	25	29 3	ō	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
GOODMAN, KENNETH D 5551 RIDGEWOOD UR 3838 TAMIANITA NOW 82 Street STE 405 NAPLES FL 34758.				ress (P.O. Box Number is Not Acceptable)	
5551 HIDGEWOOD UR" JOJU / ACIT / ACIT // TYDU			83		
NAP	LES FL <b>34198</b>	te 800	63		·
13/31			84 City	FI	85 Zip Code
44. D. White of Captions 607 0502 and 607 4509. Slovide Statutes the above named corporation submits this statement for the number 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 appeintment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.					
l	m familiar with, and accept the obligat	ions of Section 607.0505, Flund	a Statutes.		1144
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature require		<del></del>
12.	OFFICERS AM		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	☐ DELETÉ	1.1 TITLE		Change Addition
NAME	HOGAN, JOHN R		1.2 NAME		
STREET ADDRESS	2750 GULF SHORE BLVD N., #		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103 -4	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE		- DELETE	2.1 MLE 2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CFTY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP		DELETE	4.4 CITY-\$T-ZIP		Change Addition
TITLE		□ ptrtie	5.1 TITLE 5.2 NAME		
NAME OTDEET ADDRESS			5.3 STREET ADDRESS	•	
STREET ADDRESS			5.4 CITY-ST-ZIP		Į.
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change 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 suppliemental 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 of the eceiver 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 dn any attachment with an address, with all other like empowered.

SIGNATURE:

941 261 2058 Daytime Phona #