DOCUMENT # P93000001144 1. Entity Name JRH REALTY, INC.					FILED May 01, 2000 8:00 an Secretary of State			
Principal Place	of Business	Mailing Address			1	01-21-2000 90098	039 ***15	50.00
2750 GULF SHO NAPLES FL 3410 US		2750 GULF SHORE BLVD N STE 603 NAPLES FL 43617-1802 US <i>34163 - 4313</i>			A FRANCISCO MA NAMA NICO ADMINISTRADO DE SUN ARMINISTRADO ESTA CONTRACTO DE SUN AFRICA FRANCISCO.			
2. Principal Pla	ace of Business	3. Mailing Address	iling Address					
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 65-0374576	<u> </u>	lied For Applicable	
Zip Country		Zip	Country		5. C	Certificate of Status Desired	8.75 Addit	ional
	6. Name and Address of Curre	nt Registered Agent			7. Ń	lame and Address of New Registered A		
	man seu .	• • • •	,	lame				
GOODMAN, KENNETH D 3838 TAMIAMI RD				3		Street as the Announced	,	
STE :			}			· • · · · · · · · · · · · · · · · · · ·	<u></u>	
	ES FL 34103		\ -	City		FL	J	
Tax filing re	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangli equirement and elects to do so, ia on back)	ont and title if apper (NO ble FILE NOW After MAY 1, 2	VIII FEE IS	il be \$550.00) itate	10. Election Campaign Financing . Trust Fund Contribution.	Added	3 May Be to Fees
TITLE	DPST	Delete	TITLE			,5,1,0,10,10,10,10,10,10,10,10,10,10,10,10	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HOGAN, JOHN R 2750 GULF SHORE BLVD N., NAPLES FL	# 603	NAME STREET / CITY-ST	l l				
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET CITY-ST	ADDRESS	-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	س بعد معتبد م	Delete	TITLE NAME STREET CITY-ST	AUDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADORESS T-2IP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Deliete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS	j ?	Delete	TITLE NAME	ADORESS			☐ Change	Addition
CITY-ST-ZIP								

13. 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 report or supplemental report to 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ġ

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone