

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 16, 1999 8:00 am
Secretary of State

03-16-1999 90041 035 ***158.75

DOCUMENT # **P94000032105**

1. Corporation Name

S & H RETAIL ENTERTAINMENT, INC.

Principal Place of Business

**4475 WOODBINE ROAD
SUITE 2
PACE FL 32571
US**

Mailing Address

**4475 WOODBINE ROAD
SUITE 2
PACE FL 32571
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1994

4. FEI Number

59-3241135

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
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 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**HILL, BRIAN W
4700 CONSTELLATION DRIVE
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81 Name

Brian W. Hill

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

4189 N. Cambridge Way

83

84 City

Pace

FL

85 Zip Code

32571

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

Brian W. Hill

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-14-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SCHMIDT, STEVE F**
STREET ADDRESS **728 WEST 25TH AVENUE**
CITY-ST-ZIP **COVINGTON LA**

TITLE **V** ☐ DELETE

NAME **HILL, BRIAN W**
STREET ADDRESS **4700 CONSTELLATION DRIVE**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **ST** ☐ DELETE

NAME **HILL, M ALLISON**
STREET ADDRESS **4700 CONSTELLATION DRIVE**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

M Allison Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

DATE

850-995-0501

DAYTIME PHONE #

CR2E034 (11/98)