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

DOCUMENT # P9400041308 1. Corporation Name

M.H.T.J., INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90002 014 ***150.00

,							
Principal Place of Business Mailing Address					T ISBATIONS HIR SOUTH DISH SOUTH EBATH DELIN CONT.	DI adi iy daa iiii (
2329 S PENINSULA DR 2329 S PENINSULA DR							
		DAYTONA BEACH FL 32118					
* • • • • • • • • • • • • • • • • • • •						DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
	 	T			06/02/1994		
L		2a. Mailing Address			4. FEI Number		plied For
Suite. Apt. #. etc.		Suite, Apt. #, etc.		59-3254432	\$8.75 A	t Applicable	
		27]		5. Certifcate of Status Desired	Fee Re		
City & State		City & State		G Flesting Compains Financing	\$5.00		
23		28		6. Election Campaign Financing Trust Fund Contribution	بان.نټ Added t		
Zip Country		Zip			8. This corporation owes the current year in		
24	25 29		30		Personal Property Tax.	•	□No
. ,	9. Name and Address of Curren	_ 	<u> </u>		10. Name and Address of New Registered	Agent	
			81	Name			
HILL, MARYANNE M			82	Street Ade	dress (P.O. Box Number is Not Acceptable)		
2329 S PENINSULA DR			02	Sileet Aut	uless (F.O. Box Nulliber is Not Acceptable)		
DAYTONA BEACH FL 32118			83				
			0.4	Oit.		85 Zip (ada .
			84	City	FL	85 Zip C	vode
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 ager			t signature requir	ned when reinstating) DATE		
12.		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	D DIRECTO Change	RS IN 12Addition
TITLE	PD	☐ DELETE	1.1 TTLE			☐ Cusude	L_3 Audition
NAME	HILL, MARYANNE M	1.2 N					
STREET ADDRESS	2329 S PENINSULA DR		1.3 STREET	1			
CITY-ST-ZIP	DAYTONA BEACH FL	☐ DELETE	1.4 C/TY-ST 2.1 TITLE	r-zip		Change	Addition
TITLE	V TOACLA	□ přícic		1		L_] Onlange	
NAME	JORDAN, TRACI A		2.2 NAME	. 4000000			
STREET ADDRESS	2331 S PENINSULA DR		2.3 STREET 2. 4 CITY-S	i)
CITY-ST-ZIP TITLE	DAYTONA BEACH FL			1-20		Change	☐ Addition
	S TACEV	□ 0000	3.1 TITLE 3.2 NAME	[
NAME	HILL, S TACEY		1	ADODESS			
STREET ADDRESS	2329 1/2 PENINSULA DAYTONA BEACH FL		3.3 STREET				
CITY-ST-ZIP TITLE	DATIONA DEACH FL	☐ DELETE	3.4. CITY-S' 4.1 TITLE	:-ZIF		☐ Change	Addition
NAME	1.	<u> </u>	4. 2 NAME	1		5.	_
STREET ADDRESS			4.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP			4.4 CITY-ST)
TITLE		☐ DELETE	5.1 TITLE	-21		Change	Addition
NAME		-	5.2 NAME			_ •	_ }
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP			ì
TITLE		☐ DELETE	6.1 TITLE	-+		Change	Addition
NAME			6.2 NAME	}		<u> </u>	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST	1			Í
U111 U1 ES	<u> </u>						

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: