

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000046538 (2)

1. Corporation Name  
SJH REALTY INC.



Principal Place of Business 2395 INTL. GOLF PKWY ST. AUGUSTINE FL 32095 US	Mailing Address 2395 INTL. GOLF PKWY ST. AUGUSTINE FL 32095-8428 US
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3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21 3370-I, Int. Golf Pkwy Suite, Apt. #, etc.	2a. Mailing Address 26 3370-I International by Reg Suite, Apt. #, etc.
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4. FEI Number 59-3257487	Applied For Not Applicable
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22 City & State 23 St. Augustine FL	27 City & State 28 St. Augustine FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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24 Zip 32092	25 Country US	29 Zip 32092	30 Country US
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

DAVIDSON, JAMES E JR.  
2395 INTERNATIONAL GOLF PARKWAY  
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIONI, LOUIS	1.2 NAME	
STREET ADDRESS	3797 NEW GETWELL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38118	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RICHARD L	2.2 NAME	
STREET ADDRESS	3797 NEW GETWELL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38118	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERSBY, H J	3.2 NAME	
STREET ADDRESS	3797 NEW GETWELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38118	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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; 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.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)