

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 # **P94000046538**

1. Corporation Name
SJH REALTY INC.

Principal Place of Business

**3370 I INT GOLF PKWY
ST. AUGUSTINE FL 32092
US**

Mailing Address

**3310 I INT GOLF PKWY
ST. AUGUSTINE FL 32092
US**

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90138 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

59-3257487

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

21 101 East Town Place

Suite, Apt. #, etc.

22 Suite 200

City & State

23 St. Augustine, FL

Zip

24 32092

Country

25 USA

2a. Mailing Address

26 101 East Town Place

Suite, Apt. #, etc.

27 Suite 200

City & State

28 St. Augustine, FL

Zip

29 32092

Country

30 USA

9. Name and Address of Current Registered Agent

**DAVIDSON, JAMES E JR.
101 EAST TOWN PL #200
ST. AUGUSTINE FL 32092**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME BAIONI, LOUIS
STREET ADDRESS 3797 NEW GETWELL RD.
CITY-ST-ZIP MEMPHIS TN 38118**

TITLE ☐ DELETE

**D
NAME FISHER, RICHARD L
STREET ADDRESS 3797 NEW GETWELL RD.
CITY-ST-ZIP MEMPHIS TN 38118**

TITLE ☐ DELETE

**D
NAME WEATHERSBY, H J
STREET ADDRESS 3797 NEW GETWELL RD.
CITY-ST-ZIP MEMPHIS TN 38118**

TITLE ☐ DELETE

**O
NAME JAMES E DAVIDSON JR
STREET ADDRESS 101 EAST TOWN PL #200
CITY-ST-ZIP ST AUGUSTINE FL 32092**

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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)