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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 19 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400050760 (5)

1. Corporation Name  JCH ENTERPRISES, INC.  Principal Place of Business  7750 SW 6TH PLACE  OCALA FL 34474  Mailing Address  7750 SW 6TH PLACE  OCALA FL 34474									
						3. Date incorporated or Qualified 07/08/1994	3a. Date 04/17		eport
2. Principal Pla	ace of Business	2a. Mailing Addre	ess		· · · · · · · · · · · · · · · · · · ·	4. FEI Number			oplied For
<u> </u>		26				59-3258142		No	ot Applicable
Suite, Apt. #	¥, etc.	Suite, Apt. #.	etc.			5. Certificate of Status Desired		7	Additional
City & State		City & State	<del></del>					Fee Re	·
3		28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip		ountry		8. This corporation has liability for			
4	25	29	30			Florida Statutes	Yes 💹	No	
		Current Registered Agent		1		10. Name and Address of New Re	gistered Age	ent	
	F, JON C			81	Name				
553 \$		82	Street Add	ddress (P.O. Box Number is Not Acceptable)					
QCA	LA FL 34474			83					
				84	City		FL '	<b>85</b> Zip (	Code
11. Pursuant to	o the provisions of Sections (	607.0502 and 607.1508, Horid	a Statutes, the	above-	named con	poration submits this statement for the ration's board of directors. I hereby acce		l nanging it	s registered
office or re	egistered agent, or both, in the militar with, and accept the	ie State of Florida. Such chang ie obligations of, Section 607.0	ge was authoriz 3505, Florida St	red by t atutes.	the corpora	ition's board of directors. I hereby acce	pt the appoin	itment as	registered
SIGNATURE	Trial trial, and developed in	to consider the control of the contr							
S	Signature typed or photed name of tege				Lsignature requi	irea when reinstaling)	DATE		
12.	D OFFICE	RS AND DIRECTORS	616			ADDITIONS/CHANGES TO OFFIC		RECTOR Change	RS IN 12 Addition
TITLE NAME	HOFF, JON C	<u>[_</u> ] (/fi		TITLE NAME			<b>L</b>	1 Change	L MOUIDON
STREET ADDRESS	553 SW 78TH TERR			STREET A	22 10410				
CITY-ST-ZIP	OCALA FL			CITY-SI-					
TITLE	D	DILETE		2.1 TITLE				Change	Addition
NAME	HOFF, THERESA E		2.2	NAME					
STREET ADDRESS	553 SW 78TH TERR		23	STREET A	CODRESS				
CITY-ST-ZIP	OCALA FL			CITY-SI	- 76			<b>-</b>	
TITLE		DEL	<b>5</b> '	TITLE	1		L.	J Change	Addition
NAME				NAME					
STREET ADDRESS				STREELA					
CITY-ST-ZIP TITLE		DEL		CHY-SI THLF	· / li'			Charige	Addition
NAME		בַיַן טונ		NAME				iy	
STREET ADDRESS				STREET A	ODRESS				
CITY-ST-ZIP				C(1Y - S1 -					
TITLE		DÎI		1018				Change	Addition
NAME			5?	NAME					
STREET ADDRESS			5.3	STREET A	.DDRESS				
CITY-ST-ZIP				CHY-51-	· 70P			T A.	<del> </del>
TITLE		L Det		HILE				) Change	Addition
NAME			1	NAME	nenses				
STREET ADDRESS				STREFTA	1				
	v certify that the information s	supplied with this files does n				d in Section 119 07(3)(i) Florida Statute	s I further or	ortify that	the
information I am an off	indicated on this annual replicer or director of the corpora	ort or supplemental aunual re	ot qualify for the port is true and empowered to	Faccura	option stated ate and that	d in Section 119.07(3)(i), Florida Statule t my signature shall have the same lega rt as required by Chapter 607, Florida 9	al effect as if i	made un	1