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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000064459 (8)

H & S HOLDINGS, INC.

## **FILED** Feb 23 1998 8:00am Secretary of State



Principal Place	e of Business	3		Mailing Addre	ss				s sharidan kia rasis arasi balis dakiri	BULLI PENIN ANI	1 <b>61011 6300</b> 1 1	HATO IN 1000	
2700-D NW 43RD ST. GAMESVILLE FL 32606				2700-D NW 43RD ST. Gainesville fl 32806					DO NOT WRI	E IN THIS :	SPACE		
								<u> </u>	3. Date Incorporated or Qualified	<del> </del>			$\neg$
									08/29/1994				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		1 /	Applied For	_
21				26					59-3266072			Not Applicat	ble
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State				City & State					<b>6.</b> Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible					
24	25			9 30			1	Personal Property Tax due June 30. Yes No					
	9, Name	and Address of	Current Rep	pistered Agen	<u> </u>				10. Name and Address of New F	tegistered	Agent		
	iaw, James					8.	I Name	3					
2700-D NW 43RD ST. GAINESVILLE FL 32606							Street	Addres	s (P.O. Box Number is Not Accept	able)			$\dashv$
w	MAESANCE	FL 32000				8:	3						
						84	City				85 Zip	Code	
										FL	.     '		
I office or r	egistered ag	ons of Sections 6 ent, or both, in the th, and accept the	Stale of Fig	onda. Such cha	ande was au	thorized b	y the cor	d corporation	ation submits this statement for the i's board of directors. I hereby acc	purpose of ept the app	changing ointment a	its registere s registered	ed d
SIGNATURE	Charatan tand	or printed have of regis	and stand on t	ter at man Largetate	(A)(111	Dogisland 6			when reinstating)	DATE			_
12.	Signature, typeci		AS AND DIF			13.	Jen signatur	е тецьней	ADDITIONS/CHANGES TO OFF		DIRECTO	PS IN 12	6
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NAME	SHAW, .	JAMES W				2.2 NAME							
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NAME						62 NAME							
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not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inversed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or officer or director of the corporate