

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085018 (7)**

1. Corporation Name
JH IV ENTERPRISES, INC.

Principal Place of Business Mailing Address
**2519 MCMULLEN BOOTH RD.
510-180
CLEARWATER FL 34621** **2519 MCMULLEN BOOTH RD.
510-180
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/18/1994 **N/A**

4. FEI Number Applied For
59-3277501 Not Applicable

5. Certificate of Status Desired **NO** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **NO** \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4141 W. HILLSBOROUGH** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 203** 27
City & State City & State
23 **TAMPA, FL** 28
Zip Country Zip Country
24 **33614** 25 **U.S.A.** 29 30

9. Name and Address of Current Registered Agent
**HUMMELL, JOHN IV
2810 W. HILLSBOROUGH AVE.
TAMPA FL 33614**

10. Name and Address of New Registered Agent
81 Name **JOHN HUMMELL IV**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1739 CYPRESS TRACE DR**
84 City State Zip Code
SAFETY HARBOR FL 34695

11. Pursuant to the provisions of Sections 607.0503 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 *John Hummell IV - President* *JOHN HUMMELL IV* DATE **1/10/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	ID
NAME	HUMMELL, JOHN IV
STREET ADDRESS	1739 CYPRESS TRACE DR.
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 owner 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: *John Hummell IV - President* *JOHN HUMMELL IV* Date **4/10/95** Telephone # **(813) 941-3477**
Signature and typed or printed name of signing officer or director