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

PROFIT CORPORATION ANNUAL REPORT





Sandra B. Mort am

Secretary of Sta

DIVISION OF CORPORATIONS

P94000085018 (7)

JH IV ENTERPRISES, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Address			IMIEL BIELL MAIAL LINGT I	-B() (B)
2610 W HILLSBOROUGH SUITE C TAMPA FL 33614		2519 MCMULLEN BOOTH RD SUITE 510-180 CLEARWATER FL 34621		DO NOT WRITE IN TH	IIS SPACE		
US		US		3. Date Incorporated or Qualified			
		nacy parameters and the second			11/18/1994		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		ed For	
21 Suite, Apt. #, etc.		Suite, Apt. #. etc.			59-3277501	\$8.75 Add	Applicable
22		27			5. Certificate of Status Desired	Fee Regu	
City & State			City & State		6. Election Campaign Financing	\$5.00 Ma	
23		28			Trust Fund Contribution	Added to F	
Zip	Country	Zib	Country	y	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes 🔲 N	
	g, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent	
HU	MME LL, JOHN IV		81	Name			
162	24 LAGO VISTA BLVD		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PAI	LM HARBOR FL 34885	,		ļ			
			83				
	1		/ 84	City		B5 Zip Coo	de
		- Joseph W. J.	//	<u> </u>	/F	'L	- sistered
office or re	o the provisions of Sections 607.050 egistered agent, oy both, in this State	ig find 607.1508, Florida statuti igt Florida. Such chafiga was a	es, mezabov authorized b	rę-named cor y∕the corpora	rporation submits this statement for the purpos alion's board of directors. I hereby accept the	appoiryment as rec	gistered
agent. I ar	m familiar with, and accept the oblig	thous of, Section (07/0505, Flo	or flayStatute	est	LIN HIMMECCE	4/8/98	
SIGNATURE	Signature typind or printed harve of regionary age	ort and title diapple abin (NOTI	M Registered An	ent signature requi	DAT DATE (Market remistaling)	110110	
12.	OFFICERS AN	····	13.	- III algitude toqu	ADDITIONS/CHANGES TO OFFICERS A		IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HUMMELL, JOHN IV		1.2 NAME				
STREET ADDRESS	(1624 LAGO VISTA BLVD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY - 1	ST-ZIP			
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST - ZIP			
TITLE		L] DELETE	3.1 TITLE			∐ Change L	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CITY-	ST-ZIP		Change [Addition
TITLE		FT hereig	4.1 TITLE			ET custable E	Addition
NAME			4 2 NAME				
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - : 5.1 TITLE	o) r AIF		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-\$T-ZIP			5.4 CITY-1				-
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME		•	6.2 NAME				[
STREET ADDRESS		,	6.3 STREE	T ADDRESS			
CITY-ST-ZIP	,		6 4 CITY-	SI _F AIP			[
14. I hereby o	ertify that the information supplied w	ith this filing does not quality fo	or the exempt	tion stated in	n Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the inf	formation
officer or o	director of the corporation of the rec	giver or trusted employered to a	execute this	report as rec	ture shall have the same legal affect as if made quired by Chapter 607, Florida Statutes; and th	at my name apper	ars in
Block 12 (or Block 13 If changed or stream at a	crynent with an address	HI .				1 20,00
0101147	UD CONTRACTOR	Lell.	1/ NUA	cer.	JOHN HOMMERLER	- 1 <i>X13]1X</i> T	5/6/