## 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 # P9500001057

H & H OF SARASOTA, INC.

Principal Place	e of Business	Mailing Address		Transfer in the same and a same as a same a same as a same as a same as a same a same a same a same a same		
MARINA JACKS	PLAZA	7808-24TH CT E		İ		
		_SARASOTA_EL 34243		DO NOT WRITE IN THIS SPACE		
SARASOTA FL				3. Date Incorporated or Qualified		
				01/05/1995		
2 Dringing D	Jace of Business	2a. Mailing Address		4. FEI Number	Appl	ied For
	Bace of positiess	26 3009 587	MTEN E	65-0558701	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	101,40		\$8.75 Ad	<del></del>
22	#, dto.	27		5. Certifcate of Status Desired	Fee Requ	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 M	lav Be
23	_	28 Pradente	n, FL	Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year int.	angible	
24	25	29 34203 3	ETA WATO	Personal Property Tax.	☐ Yes 🔀	No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
			81 Name			
HEMBREE, PAMELA  82 Street Ad				Iress (P.O. Box Number is Not Acceptable)		
7808 34TH CT E.			62) Street Au	(daress (F.O. Box Number is Not Acceptable)		
SAR	ASOTA FL 34243		83	83 2000 58-1		
"3009 58Th Ter. E.						
			84 City	Scadenton FI	85 Zip Co	ode ∽~>
44 Durawant	to the provinces of Sections 607 0502	and 607 1508 Florida Statutes	the above-named cou	rporation submits this statement for the purpose of	changing its re	egistered
l affice or n	egistered agent, or both, in the State of	f Florida. Such change was auti	nonzed by the corpora	tion's board of directors. I hereby accept the appoi	ntment as regi	stered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent a	ALOTE: P	egistered Agent signature requi	ired when reinstation) OATF		
12.	OFFICERS AND	. —	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	P	☐ DELETE	1,1 TITLE		Change	Addition
NAME :	HEMBREE, PAMELA	_	1,2 NAME		<del>-</del>	
· · · · · · · · · · · · · · · · · · ·	7808 34TH CT E		1.3 STREET ADDRESS	3004 58 Th (ex.	<b>5</b> ,	
STREET ADDRESS	SARASOTA FL 34243		1.4 CITY-ST-ZIP	3009 58Th Ter. BradenTON, FL 3	Jona	
CITY-ST-ZIP	ST SANASOTA FL 34243	☐ DELETE	2.1 TITLE	5. 400-1010 1100	Change	Addition
''	HARING, WILLIAM	<u></u>	2.2 NAME			
NAME	120 MAPLE ST		2.3 STREET ADDRESS			
STREET ADDRESS	RAMSEY NJ 07446					
CITY-ST-ZIP	NAMOET NJ U/440	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE			<b>a</b> :		-J J.	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		The str	3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		change	
NAME			4. 2 NAME			

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 or an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

941-366-3373

Change

Change

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90060 018 \*\*\*150.00

☐ Addition

☐ Addition