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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000074049 (4)

JGH, INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business		Mailing Address				88111 19816 84811 88411 81618 1971 1881		
19941 GULF BOULEVARD #E INDIAN SHORES FL <del>84833 -</del>		19941 GULF BOULEVARD #E INDIAN SHORES FL 33785-2447						
					3. Date Incorporated or Qualified 09/21/1995	3a. Date of Last Report 05/01/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-3339153	Not Applica	ble	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24 33 1	Country 25	Z)p	Countr 30	у	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032,	-	
	9. Name and Address of Current		,,		10. Name and Address of New Re	•		
HAS	TINGS, DAVID C		81	Name				
19941 GULF BOULEVARD #E INDIAN SHORES FL 3 <del>4695</del>			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			0.5	63				
			0.0	<u>'</u>				
			84	City		FL 85 Zip Code	_	
agent. i a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607,1508, Florida Statut f Florida. Such change was a ions of, Section 607,0505, Flo	es, the above authorized b orida Statute	re-named corpora by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep		ed d	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	L: Registered Ag	ent signature requi	red wher: re-nstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TALE			Change	юп	
NAME	HASTINGS, DAVID C		1.2 NAME			,	l:	
STREET ADDRESS	19941 GULF BOULEVARD #E		1.3 STREE	I ADDRESS		22700	li	
CITY-ST-ZIP	INDIAN SHORES FL 34635 ST	Dr. ree	1.4 CITY -	ST-ZIP		55,785		
TITLE NAME	HASTINGS, JOSEFA G	☐ DCTE1€	2.1 1111.6			Change L. Addit	ion	
STREET ADDRESS	19941 GULF BOULEVARD #E		2.2 NAME	1.4000000				
CITY-ST-ZIP	INDIAN SHORES FL 34635		2.3 STREE 2. 4 CITY	1 ADDRESS		23785		
TITLE		DELETÉ	3.1 TOLE	51-ZIP		Change Addil	lion	
NAME		_	3.2 NAME					
STREET ADDRESS				T ADDRESS				
ÇITY-ST-ZIP			3.4. Cri Y -	ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change Addit	ion	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CHY-	ST - 7IP				
TITLE		☐ DELETE	5.1 TITLE			Change Addit	.ion	

14. I do 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 eath; 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 on an attachment with an address.

6.3 STREET ADDRESS

6.4 C(1Y-S1-Z)P

5.3 STREET ADDRESS

5.4 CH1Y-S1-ZIP

61 TITLE

62 NAME

DELETE

FILED
May 14 1997 8:00am
Secretary of State

Change Addition