05-08-1999 90005 008 ***150.00

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 # P95000087451

1. Corporation Name

V.H. JR & ASSOCIATES, INC.

				<u> </u>	
Principal Place	e of Business	Mailing Address			E. 1811, 1861, 8129, 8112, 1101
2734 36TH AVENUE E P.O. BOX 77244		· · · • · · · · · · · · · · · · · · · ·			
		TAMPA FL 33675-7244 US		DO NOT WRITE IN TH	IS SPACE
00		•		3. Date Incorporated or Qualifed	
			_	11/14/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0622610	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		Zip	Country	Trust Fund Contribution	
Zip	Country		30	This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Curre			10. Name and Address of New Registers	
	o. Haire and Addiob of Carro		81 Name	1 1	
MCQ	IUAY, DAVID J			ILLARD Houston Ir	
	N LINCOLN AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33609		83	74-170	
				<u> </u>	7:- 0-4-
			84 City B	nderton F	Zip Code 242-0 X
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au	ithorized by the corporati	ion's board of directors. I hereby accept the app	ointment as registered
	in farmial with and accept the obligi	3110110 01, 00011011 007.0000, 11011			
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE:	Registered Agent signature require		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOUSTON, VILLARD JR		1.2 NAME		
STREET ADDRESS	2734 36TH AVENUE E		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208		1.4 CITY-ST-ZIP		
TITLE					
NAME		☐ DELETE	2.1 TITLE		Change Addition
STREET ADDRESS		∐ ∂ELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
ATT. AT TIP		∐ 9ELETE			☐ Change ☐ Addition
CITY-ST-ZIP		_	2.2 NAME		
TITLE		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS		Change Addition
		_	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE		_	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
TITLE NAME		DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP		☐ Change ☐ Addition
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP