## 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 # P96000069975

1. Corporation Name

H & S PROPERTIES OF GAINESVILLE, INC.

Principal Place of Business	
2700-D NW 43RD ST GAINESVILLE FL 32606	

Mailing Address

2700-D NW 43RD ST **GAINESVILLE FL 32606** 

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90080 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					20 110 1 111 111			
					3. Date Incorporated or Qualifed 08/20/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			59-3398578	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27			J. Certificate of Calabo Doubles	Fee Re	quired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	_ Country	<b>'</b>	8. This corporation owes the current year I		_	
24	25	29 3	0		Personal Property Tax.		□No	
	9. Name and Address of Currer	nt Registered Agent		r-::-	10. Name and Address of New Registere	d Agent		
CLIA	14 14450 141		81	Name				
	W, JAMES W		82	Street Add	dress (P.O. Box Number is Not Acceptable)	-		
	-D NW 43RD ST						•	
GAIN	iesville fl 32606		83					
			84	City		. 85 Zip C	Code	
			07	City	F		J040	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named cor	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 obliga	of Florida. Such change was auti	horized by	the corporat	ion's board of directors. I hereby accept the app	ontment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE: R	egistered Age	nt signature requi	red when reinstating) DATE		<del></del>	
12.		ND DIRECTORS	13.	in signators roda.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	DP	DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	HODOR, HOWARD		1.2 NAME					
STREET ADDRESS	2700-D NW 43RD ST			TADDRESS				
	GAINESVILLE FL 32606		14 CITY-S	j				
CITY-ST-ZIP TITLE	DVST	☐ OELETE	2.1 TITLE	11-21	<del></del>	☐ Change	☐ Addition	
		<u></u>	2.2 NAME			_ ·	_	
NAME	SHAW, JAMES W 2700-D NW 43RD ST			T +DD00000				
STREET ADDRESS				TADDRESS		-		
CITY-ST-ZIP	GAINESVILLE FL 32606	DELETE	2. 4 CITY-1	ST-ZIP		Change	Addition	
TITLE		□ ocreie	3.1 TITLE			_ 5,10,180		
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	·	☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE				☐ Vocition	
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			44 CITY-S	T-ZIP			□ A 3 3 102	
TITLE			5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			В	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME	1		6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

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 supplimental 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 charped, or on an attachment with an address with all other like empowered.

SIGNATURE: