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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90085 025 ***150.00

FILED

1999

DOCUMENT #	P97000001925
J & H INVESTMENTS	, INC.

Principal Place of Business

Mailing Address

3070 FLAMINGO LANE POST OFFICE BOX 6813 MULBERRY FL 33860 LAKELAND FL 33807						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 01/08/1997				
2. Principal P	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		Applied For	1	
21 26						59-3419270		Not Applicable	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	& State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip	Coun	try		8. This corporation owes the current year Intangible				
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
	- Hame and Address of Gar	Tent Registered Agent	1	B1	Name	10. Name and Address of New Registered /	-Gent	.		
AME	RILAWYER CHARTERED		L					•		
343	ALMERIA AVENUE		8	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			ľ	
COR	IAL GABLES FL 33134		8	B3						
			- 1		City	· FL	1.1	Zip Code		
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statutes ate of Florida. Such change was aut	, the abo	ove-	named corp	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	changing tment as	its registered registered		
	m lamiliar with, and accept the ob-	igations or, Section 607.0505, Florid	ia Statut	es.		·			ĺ	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	legistered A	gent s	signature require	d when reinstating) DATE	- (ľ.	
12.		AND DIRECTORS	13.		angriatara roquiro	ADDITIONS/CHANGES TO OFFICERS ANI	DIREC	TORS IN 12	8	
TITLE	PSTD	☐ DELETE	1.1 TITLE				Chan		1	
NAME	JOHNSON, TERESA A		1.2 NAM	E	İ		.—	-	,	
STREET ADDRESS	3070 FLAMINGO LANE		1.3 STRE	EETA	DDRESS				5	
CITY-ST-ZIP	MULBERRY FL 33860		1.4 CITY				•		5	
TITLE	VD	☐ DELETE	2.1 TITLE				[] Chan	ge Addition	, ,	
NAME	HUTSON, DALE R		2.2 NAM	Ε					l	
STREET ADDRESS	440 40TH CT LN		2.3 STRE	FFTA	DDRESS			•		
CITY-ST-ZIP	PALMETTO FL 34221		2. 4 CITY						ĺ	
TITLE		☐ DELETE	3.1 TITLE				Chan	ge		
NAME			3.2 NAME				.—,	. –		
STREET ADDRESS			3.3 STRE	ET A	DORESS	•				
CITY-ST-ZIP				'-ST	- 1			ł		
TITLE		☐ DELETE	4.1 TITLE		-		☐ Chang	ge Addition		
NAME		4.2 N		Ε				· - }		
STREET ADDRESS			4.3 STRE	4.3 STREET ADDRESS		•				
CITY-ST-ZIP				-ST-Z	ZiP				ı	
TITLE		☐ DELETE	5.1 TATLE				☐ Chan	e Addition		
NAME		5.2 NA/		E			•			
STREET ADDRESS			5.3 STRE	ETAI	DORESS		<u>ي</u>	المصاحب وسنط	عدن	
CiTY-ST-ZIP			5.4 CITY-	ST-Z	Z!P		,			
TITLE		☐ DELETE	6.1 TITLE		1		Chang	ge		
NAME	62N		6.2 NAME	ME .		•		{		
STREET ADDRESS			6.3 STRE	ETAL	DORESS	•		ľ		
CITY-ST-ZIP			6.4 CITY-	ST-Z	ZIP					

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.