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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016607 (8)

TJH DEVELOPMENT CORPORATION

Principal Plac	e of Business	Mailing Address		
205 EAST CENTRAL BLVD. SUITE 300 ORLANDO FL 32801		205 EAST CENTRAL BLVD. SUITE 300 ORLANDO FL 32801		DO MOT WOITE IN THE ADVOC
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
•				
2. Principal P	lace of Business	2a, Mailing Address		02/24/1997 4. FELNumber Applied For
21		26		59-344 8168 Not Applicab
Sulte, Apt.	#, etc	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Cerlificate of Status Desired Fee Required
City & Stat	Θ	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country 25	7ip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
241	9, Name and Address of Current	29 Registered Agent	[30]	10. Name and Address of New Registered Agent
HII	TCHISON, THOMAS J III		81 Name	
205 EAST CENTRAL BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)
	TTE 300		OZ Street Aut	aless (P.O. box Northbel is Not Acceptable)
ORLANDO FL 32801			83	
ł			84 City	85 Zip Code
			. [] - '	FL
11. Pursuant office or a	to the provisions of Sections 607,0502 registered agent, or both, in the State r	and 607,1508, Florida Statut of Florida, Such change was a	es, the above-named con authorized by the coroor	rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered
agent La	m familiar with, and accept the obliga-	tions of, Section 607.0505, Fit	orida Statutes.	and a position of the socious, in the say according to appointment to tagget or con-
SIGNATURE				
12.	Signature: typed or printed name of repetiered agen OFFICERS AND		Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	HUTCHISON, THOMAS J III		1.2 NAME	
STREET ADDRESS	920 GREENTREE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		1 4 CiTY-ST-ZIP	
TITLE	D	☐ DELETE	2 1 TITLE	Change Addition
NAME	HUTCHISON, DEANNE		2.2 NAME	
STREET ADDRESS	920 GREENTREE DRIVE		2 3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	DELETE	2.4 CITY - ST - ZIP	, <u></u>
TITLE	D MITCHISON CATHEDING E	L] DELETE	3.1 TITLE	Change Addition
STREET ADDRESS	HUTCHISON, CATHERINE F 920 GREENTREE DRIVE		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		3.4. City-ST-2IP	
TITLE	D	DELETE	4.1 11TLE	Change Addilio
NAME	HUTCHISON, ANDREW K		4. 2 NAME	
STREET ADDRESS	920 GREENTREE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CHY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 T/1LE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee dispowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Thereby certify that the information supplied with the indicated on this annual report opsupply mental ar-officer or director of the corporation option received Block 12 or Block 13 if change it or gradual and

May 15 1998 8:00am

Secretary of State