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 # P97000016607

1. Corporation Name

tjh dev	ELOPMENT CORPORATION								
Principal Place	of Business	Mailing Address					BHU BUUH BUUH UBHEI I	FEIG BIGIO BINI BI	
205 EAST CENT		205 EAST CENTRAL BLVD.							
SUITE 300	MAL DEVO.	SUITE 300							
ORLANDO FL 32801 ORLANDO FL 32801				1			WRITE IN THIS	SPACE	·
						 Date Incorporated or Qui 02/24/1997 	alifed		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Арр	lied For
21		26				59-3448168			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible			
24	25 29 30		30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of	New Registered	Agent	
	CURCON THOMAS I III			81	Name				
HUTCHISON, THOMAS J III 205 EAST CENTRAL BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
SUITE 300				83	•				
ORLANDO FL 32801				84 City			FL	85 Zip C	ode
				بل		fine the thin state are at f		changing its !	rogistored
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga						accept the appoi	ntment as reg	istered
	Signature, typed or printed name of registered age		: Register		iuper erutangia t	red when reinstating) ADDITIONS/CHANGES T		ID DIRECTOR	RS IN 12
12.		ID DIRECTORS	_	TITLE	1	ADDITIONS/CITANGES 1	O OF FIGURE	Change	Addition
TITUE	D DELETE HUTCHISON, THOMAS J III			1.2 NAME				_ ,	_ }
NAME	920 GREENTREE DRIVE				ADDRESS				
WINTED DADY EL 20700									1
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE	-			NAME				_ ,	_ }
NAME	HUTCHISON, DEANNE 920 GREENTREE DRIVE		I -		ADDRESS				
STREET ADDRESS	WINTER PARK FL 32789	الوالد المال <u>والسيد</u> والسواحة				-		_	1.
CfTY-ST-ZIP	D DELETE			2.4 CITY-ST-ZIP 3,1 TITLE				Change	Addition
TITLE			NAME						
NAME					T ADDRESS				
STREET ADDRESS	HINTED DADY CLASTOS			. CITY-S					
CITY-ST-ZIP TITLE			TITLE	11-21			☐ Change	☐ Addition	
NAME	HUTCHISON, ANDREW K	_		2 NAME					
STREET ADDRESS	920 GREENTREE DRIVE		- 8		F ADDRESS				
	WINTER PARK FL 32789			CITY-S					l l
CITY-ST-ZIP TITLE		☐ DELETE		TITLE			"" ", .	☐ Change	Addition
NAME		_		NAME					
STREET ADDRESS			5.3	STREET	T ADDRESS				1
CITY-ST-ZIP			5.4	CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1	TITLE	-	- And Marie	1.1000	☐ Change	Addition
111CE 37 TE	[3,"-		1		i				

CITY-ST-ZIP d with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information antal annual report is true and a curate and that my signature shall have the same legal effect as if made under oath; that I am an receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information suppli indicated on this annual report or suppler officer or director of the corporation Block 12 or Block 13 if changed,

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90050 031 ***150.00