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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000059768 (6)

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JFH PROFESSIONAL SERVICES, INC.

5817D LYNN LAKE DRIVE SOUTH ST. PETERSBURG FL 33712

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc

SIGNATURE:

21

Mailing Address

2a. Mailing Address 26 P.D. Box

Suite Apt #, etc

5817D LYNN LAKE DRIVE SOUTH ST. PETERSBURG FL 33712

## **FILED** Jun 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

3. Date Incorporated or Qualified

5. Certificate of Status Desired

07/07/1997

| City & State  | 0                              | 28 5t.                  |                | bute     | L                   | -/   |                      | Election Campaign Financia     Trust Fund Contribution                          | ng []      |           | May Be<br>to Fees |        |
|---|--------------------------------|-------------------------|----------------|----------|---------------------|--|----------------------|---|------------|-----------|-------------------|--------|
| ZiD   | Country                        | 20 210                  | 10103          | Col      | intry               |  |                      | · · · · · · · · · · · · · · · · · · ·   |            |           |                   | 4      |
| 24  | [25]                           | 29 33                   | 133            | 30       | us                  |  | h                    | <ol> <li>This corporation owes or hat<br/>Personal Property Tax due.</li> </ol> |            |           | No.               | }      |
| 24  | p. Name and Address of Current | T 1 2 2 2               | ent            | (30]     | ĭ                   |  | 1                    | 10. Name and Address of Nev   |            |           |                   | 1      |
| HENRY, JANET F  |                                |                         |                |          |                     |  |                      |   |            | <u>-</u>  |                   | 7      |
| 58170 LYNN LÄKE DRIVE SOUTH<br>ST. PETERSBURG FL 33712  |                                |                         |                |          |                     | Street Address (P.O. Box Number is Not Acceptable) |                      |   |            |           |                   |        |
|   |                                |                         |                |          |                     | Street A   | taares               | is (P.O. Box Number is Not Acce   | ptable)    |           |                   | 1      |
|   |                                |                         |                |          |                     |  |                      |   |            |           |                   | 7      |
|   | <b>v</b>                       |                         |                |          |                     |  |                      |   |            | 71 -      |                   | 4      |
|   |                                |                         |                |          | 84                  | City   |                      |   | FL         | 85 Zip    | Code              |        |
| 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.   |                                |                         |                |          |                     |  |                      |   |            |           |                   |        |
| SIGNATURE Signature type of a proced name of new read a period and the diagrams (NOIL Registered Agent's greature required when trainstalling) DATE   |                                |                         |                |          |                     |  |                      |   |            |           |                   |        |
| 12.   | OFFICERS AND                   | armen a construction of | <del>- '</del> | 13.      |                     |  |                      | ADDITIONS/CHANGES TO C  | FFICERS AN | D DIRECTO | RS IN 1/2         | 9      |
| TETLE   | D                              | Ι                       | DELETE         | 111      | TLF                 |  | PM                   | Poident, CEO<br>Anct Frazian Henry<br>17 Lyan LAKY DA                           |            | Change    | Addition          | (10/97 |
| NAME  | HENRY, JANET F                 |                         | 1.2 N          | 1.2 NAME |                     | 1  | anet Frazian Menny   |   |            |           | 72                |        |
| STREET ADDRESS  | PO BOX 12746                   | 1.3                     |                |          | STREET ADDRESS   \$ |  | 5.8                  |   |            |           |                   |        |
| CITY-ST-ZIP   | ST. PETERSBURG FL 33733        |                         |                | 1.4 0    | IY-SI               | - ZiP  | 51 Petusbum FL 33712 |   | •          |           | CR2E034           |        |
| TITLE   |                                |                         | DELETE         | 2.1 7    | ΉE                  |  |                      | <i>J</i>  |            | Change    | Addition          | 70     |
| NAME  |                                |                         |                | 22 N     | AME                 | ł  |                      |   |            |           |                   |        |
| STREET ADDRESS  |                                |                         |                | 2.3 S    | TREEL               | ADDRESS )  |                      |   |            |           |                   | )      |
| CITY-ST-ZIP   |                                |                         |                | 2.40     | ily-s               | t-ZiP  |                      |   |            |           |                   |        |
| TETLE   |                                | Į.                      | _] OLUETE      | 3 1 T    | TIE                 | - 1  |                      |   |            | Change    | Addition          |        |
| NAME  |                                |                         |                | 3.2 N    | AME                 | ł  |                      |   |            |           |                   |        |
| STREET ADDRESS  |                                |                         |                | 335      | IAEET A             | address  |                      |   |            |           |                   |        |
| CITY-ST-ZIP   | <u> </u>                       |                         |                | 3.4 (    | IIY-S               | 1-ZIP  |                      |   |            |           |                   |        |
| TITLE   |                                | [                       | ☐ DELETE       | 411      | TLF.                | {  |                      |   |            | Change    | Addition          | 1      |
| NAME  |                                |                         |                | 4.21     | IAME:               |  |                      |   |            |           |                   |        |
| STREET ADDRESS  |                                |                         |                | 435      | TREET               | ADDRESS  |                      |   |            |           |                   | 1      |
| CITY - ST - ZIP   |                                |                         |                | 4.40     | IZ-YI               | - 7IP  |                      |   |            |           |                   | 1      |
| TITLE   |                                | Ĺ                       | DELETE         | 5.1 Ti   | ΗF                  | 1  |                      |   |            | ☐ Change  | Addition          | 1      |
| NAME  |                                |                         |                | 5.2 N    | AME                 | 1  |                      |   |            |           |                   |        |
| STREET ADDRESS  |                                |                         |                | 538      | IRCC LA             | ADORESS  |                      |   |            |           |                   | 1      |
| CITY-ST-ZIP   |                                |                         |                | 540      | 17-S1               | - 7IP  |                      |   | <u> </u>   |           |                   | 1      |
| TITLE   |                                | Ĺ                       | DELLIE         | 611      | Πŧ                  | }  |                      | 1000025<br>-06/17/980   | 1627       | Change    | ☐ Addition        | }      |
| NAME  |                                |                         |                | 6.2 N    | AME                 | 1  |                      | -06/17/9801   | (10087)    | 37        | )* K              |        |
| STREET ADDRESS  |                                |                         |                | 6.3 S    | IREET A             | ADDRESS  |                      | ***158.78   |            | - •       | "la"              | 1      |
| CITY-ST-ZIP   |                                |                         |                |          | 17-51               |  |                      |   |            |           | <del></del>       | 1      |
| 14. Thereby 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 supplierental 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 incover 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. |                                |                         |                |          |                     |  |                      |   |            |           |                   |        |