

DOCUMENT # P97000066103

J. & H. TRADING, INC.

Mar 24, 2000 8:00 am
Secretary of State

C0644674

[illegible]

65-0779981

4: FEI Number ~~65-6250497~~

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

MYERS, TROY H
2033 MAIN ST., STE. 600
SARASOTA FL 34237

City

FL

Zip Code

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

\$5.00 May Be
Added to Fees

TITLE	P	<input type="checkbox"/> Deleted
NAME	MILLER, JOHN J	
STREET ADDRESS	8701 GATOR CIRCLE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	SVP	<input type="checkbox"/> Delete
NAME	MILLER, HELEN L	
STREET ADDRESS	8701 GATOR CIRCLE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Miller JOHN J. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 Date

941. 923. 6724
Daytime Phone #