

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000074976 (6)
 1. Corporation Name
JLH PROPERTIES, INC.



Principal Place of Business 812 MARTIN LUTHER KING BLVD E SEFFNER FL 33584	Mailing Address 812 MARTIN LUTHER KING BLVD E SEFFNER FL 33584
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	9207 GALL BLVD	26		08/28/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 ZEPHYRHILLS FL		27		59-3473069	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24	33541	25	PASCO	8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution	
				5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
HERNDON, JOSEPH				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
812 MARTIN LUTHER KING BLVD E					
SEFFNER FL 33584					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERNDON, JOSEPH				81 Name			
812 MARTIN LUTHER KING BLVD E				MICHELLE HERNDON			
SEFFNER FL 33584				82 Street Address (P.O. Box Number Is Not Acceptable)			
				812 EAST M.L.K. BLVD			
				83			
				84 City			
				SEFFNER			
				FL			
				85 Zip Code			
				33584			

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michelle Herndon PSTD DATE: 1-6-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNDON, JOSEPH			1.2 NAME	MICHELLE HERNDON		
STREET ADDRESS	812 MARTIN LUTHER KING BLVD E			1.3 STREET ADDRESS	812 E. M.L.K. BLVD		
CITY-ST-ZIP	SEFFNER FL 33584			1.4 CITY-ST-ZIP	SEFFNER FL 33584		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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.

SIGNATURE: Michelle Herndon DATE: 1-6-98 # 813-684-6868

CR2E034 (10/97)