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Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90005 012 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

JLH Outdoor, Inc.

P98000005941

610160 - 90005 - 12

Principal Place of Business

Mailing Address

806 W. DeLeon street
Suite C
Tampa, FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 806 W. DeLeon st.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

23 Tampa, FL

24 Zip 33606

25 Country USA

4. FEI Number

59-350 0211

Applied For

Not Applicable

5. Certificate of Status Desired

NA

\$8.75 Additional
Fee Required

6. Election Campaign Financing

NA

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jan J. Moore
806 W. DeLeon street
Ste C
Tampa, FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Jan J. Moore
STREET ADDRESS 806 W. DeLeon street, Ste C
CITY-ST-ZIP Tampa, FL 33606

1.1 TITLE ~~Director~~ Aminie Mohip
1.2 NAME Director
1.3 STREET ADDRESS 215 Verne Street, Ste. B
1.4 CITY-ST-ZIP Tampa, FL 33606

TITLE Secretary
NAME Joseph Acquavella
STREET ADDRESS 215 Verne Street, Ste. B
CITY-ST-ZIP Tampa, FL 33606

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-24-99

Date

813.250.0621

Daytime Phone #

CR2E034 (11/98)