2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000051949				Son 14	FILED Sep 15, 2000 8:00 am		
J S H INC.			\mathbf{V}	Sep 15, 2000 8:00 am Secretary of State			
0 0 M IN			V		2000 90003 039 ***55		
Principal Place of Business Mailing Address 2202 PHILLIPS ROAD 2202 PHILLIPS ROAD YULEE FL 32097 YULEE FL 32097							
2. Principal Place of Business Rd 3. Mailing Address 2202 Millips			tips Rd				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT	WRITE IN THIS SPACE		
City & State	Florida	City & State	lotida	4. FEI Number 59-352	.2000	pplied For ot Applicable	
3209	1 Country	32091-	Country		red	ditional	
	6. Name and Address of Current Re	egistered Agent	Name , /	7. Name and Address of N	ew Registered Agent		
HYERS, JAMES S			NI NI	Street Address (P.O. Box Number is Not Acceptable)			
	2 Phillips road Ee Fl 32097		Sileer Addres				
			City		FL Zip Coo	de de	
	named entity submits this statement for t	he surgers of shancing its		torod agent or both in the State			
	named entity submits this statement for t N _F ;	na purpose or changing its i	egistered onice of regis	alered agent, or ooth, in the state			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requ	vired when reinstating)	DATE	~	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 2000 Make Check Payable to De			, 2000 Min. will be \$		+	DO May Be d to Fees	
11.	OFFICERS AND D	<u>.</u>	12.		OFFICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Hyers, James S 2202 Phillips RD Yulee FL 32097	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		🗂 Change	Addition	
TITLE	VP	Delete	TITLE	<u></u>	Change	Addition	
NAME STREET ADDRESS	HYERS, LAURA 2202 PHILLIPS RD	ينغروها والمحافظ	NAME STREET ADDRESS				
CITY-ST-ZIP TITLE	YULEE FL 32097	Delete	CITY-ST-ZIP TITLE		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	S.			
TITLE		🗇 Delete	TITLE		Change	Addition	
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	`. 			
TITLE NAME		Delete	TITLE NAME		Change	Addition	
STREET ADDRESS			STREET ADDRESS				
TITLE		Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADORESS				
CITY-ST-ZIP 13. hereby c	ertify that the information supplied with th on this report or supplemental report is to	his filing does not qualify for	CITY-ST-ZIP	Section 119.07(3)(i), Florida Stat	utes. I further certify that the	information	
of the corr	on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	ered to execute this report a	as required by Chapter (607, Florida Statutes; and that my	name appears in Block 11 c	pr Block 12 if	
SIGNAT	URE: Unsil Aseis	RE REQUIR	ED	9-7-00	904 225	8994	
GIGINAI	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER C	OR DIRECTOR	Date	Daytime Phone #		