FILED 562470

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

39569

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62470

1. Entity Name
S & H LAND CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9852 HECKSCHER DR.
Suite, Apt. #, etc.
City & State JACKSONVILLE, FLA
Zip 32226 Country USA

3. Mailing Address SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3074478 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name DEBORAH C. HAWKINS
Street Address (P.O. Box Number is Not Acceptable) 1301 S. 1ST STREET #503
City JACKSONVILLE BEACH FL Zip Code 32250

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] Deborah C. Hawkins 6/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P. D.	TITLE	
NAME	WALTER J. HARTLEY, JR	NAME	100007453711--8
STREET ADDRESS	9852 HECKSCHER DR	STREET ADDRESS	-08/30/02--01055--029
CITY-ST-ZIP	JACKSONVILLE, FLA 32226	CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	TITLE	
NAME	DEBORAH C. HAWKINS	NAME	
STREET ADDRESS	1301 S. 1ST ST. #503	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32205	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	**IN THIS SPACE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/17/02 813-695-6596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M 8/28/02