Apr 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S66663

J.H. ORTH & ASSOCIATES, INC.

Principal Place of Business Mailing Address											
PAIM CITY FL 94990 PAIM CITY FL 94990 US	Principal Place	of Business	Mai	iling Address	_			1 19811818 113 81119 81119 81118	6:2:: 4:2:: 2:2:	*.*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. Date Incorporated of Qualified 37/21/1931 2. Principal Place of Business 2. A Mailing Address 3. Suite, Apt. 4, etc. 4. Election Camping Financing 4. Suite, Apt. 4, etc. 4. Election Camping Financing 5.	3271 SW RIVERS END WAY PALM CITY FL 34990		PALM CITY FL 34990				DO NOT WRITE IN THIS SPACE				
2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 65-0293653 Not Applicable Not Applicable Suite, Apt. 8, etc. 28 Suite, Apt. 8, etc. 27 Suite, Apt. 8, etc. 27 Suite, Apt. 8, etc. 27 City & State 5. Certificate of Status Desired \$5.00 Mey. Be. Addition Fee Required Fe	03		00					I			
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28		•		City & State	. :			6: Election Campaign Financing	: \$5	. 00 N	lay Be
Zip Country Zip Country Street (country Street (countr	23 .		28					Trust Fund Contribution	Ad	ded to	Fees .
ORTH, JAMES H 3705 E. QUALI MEADOW TRAIL PALM CITY FL 34990 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0502 and 607.1508, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. INTITE ORTH, JAMES SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. INTITE ORTH, JAMES SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. INTITE ORTH, JAMES SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. INTITE ORTH, JAMES SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. INTITE ORTH, JAMES SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. INTITE ORTH, JAMES SIGNATURE Signature, System or implications of Sections 607.0505, Florida Statutes. INTITE ORTH, JAMES SIGNATURE Signature requires when remaintance or implications of Sections 607.0505, Florida Statutes. INTITE Signature, System or implications of Sections 607.0502 and 607.1508, Florida Statutes. Signature requires when rema			\vdash	Zip	_	ıntry		Personal Property Tax.	☐ Yes	: i	2No
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### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							Street Ac	dress (P.O. Box Number is Not Acceptable))		
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office or registered agent, or both, in the State of Florida, Such change was authorized by the registered agent, or both, in the State of Florida, Such change agent, and accept the obligations of Section 607.0505. Floridal Statutes. SIGNATURE 12.						84	City		FL 85	Zip C	ode
Signature, typed or printed name of registered agent and title if applicables. No.Fic Respitatives frequently interest requires the remissation SATE	office or n agent. I a	egistered agent or both in the State.	of Florida	a. Such change was a Section 607.0505, Flo	utnorize irida Stai	a by :utes.	the corpora	ation's board of directors. Thereby accept the	е арропшнен	ng its r as reg	egistered istered
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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 annual report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affactment with an appears with all other the proposer.

6.4 CITY+ST-ZIP

SIGNATURE: