Mailing Address

P O BOX 451314

KISSIMMEE FL 34745-1314

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

## DOCUMENT # **S70524** 1. Corporation Name

P & H PROPERTIES, INC.

Principal Place of Business

1052 ERIC CT

KISSIMMEE FL 34744

Mar 06, 1999 8:00 am Secretary of State Secretary of State DIVISION OF CORPORATIONS

## 03-06-1999 90119 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

00				3. Date Incorporated or Qualifed	-
				07/29/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	LUB VILLAS LAVE	26		59-3079272	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	- ***	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Α	City & State		6. Election Campaign Financing	\$5.00 May Be
23 155	SIMMEE, FL	28	Country	Trust Fund Contribution	Added to Fees
2ip Country Zip 24 34744 [25] OSCEO (A) 29 30			Country	T Greenary Taxa	Y Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
1052	IDREN, ROGER 2 ERIC CT SIMMEE FL 34744		81 Name 82 Street A 66 9	HOGER NENDR ddress (P.O. Box Number is Not Acceptable) CLUB VILLAS LAN	EN E
			84 City	ISSIMMEE FL	85 Zip Code 4
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was auth	iorized by the corpor	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	hanging its registered tment as registered
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: Re	gistered Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D	Change
NAME	HENDREN, ROGER		1.2 NAME	HENDREN, KOGER	,
STREET ADDRESS	1052 ERIC CT		: 1.3 STREET ADDRESS	HENDREN, ROGER 169 CLUB VILLAS LANE	
	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP	KISSIMMER FL 34744	f
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Additio
	PHILLIPS, RAY		2.2 NAME		
NAME	2929 CLAY WHALEY ROAD		2.3 STREET ADDRESS		
STREET ADDRESS	ST. CLOUD FL		2.4 CITY-ST-ZIP	• -	
CITY-ST-ZIP	ST. CLOUD PL	☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		COLLEGE	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		C) Dereie	1		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	)		6.2 NAME		
STREET ADDRESS		1	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
O(1 ( O) LIF					

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 of 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, with all other like empowered.