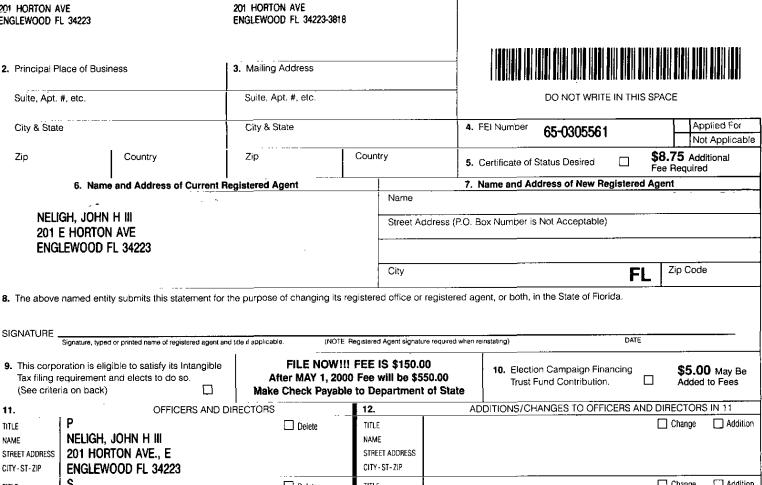
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$85825** 1. Entity Name J & H HOLDING, INC. Principal Place of Business Mailing Address 201 HORTON AVE 201 HORTON AVE ENGLEWOOD FL 34223-3818 ENGLEWOOD FL 34223 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

7ip

May 15, 2000 8:00 am Secretary of State

05-15-2000 90226 004 ***150.00



11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P NELIGH, JOHN H III	☐ Delete	TITLE NAME	☐ Change ☐ Addi	9
STREET ADDRESS	201 HORTON AVE., E		STREET ADDRESS		8
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		GRZE034
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addi	tion 🙃
NAME	NELIGH, CHARLOTTE N.		NAME		1
STREET ADDRESS	201 HORTON AVE E		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
IIITE	CDT	Delete _	TITLE	. Change 🔲 Addi:	ion
NAME	NELIGH, BEVERLY M.	-	NAME		
STREET ADDRESS	39 HORTON AVE E		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	1	☐ Delete	TITLE	☐ Change ☐ Addi	tion
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CITY-ST-ZIP			CITY-ST-ZIP		

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Zip

SIGNATURE

Country

NELIGH, JOHN H III

201 E HORTON AVE ENGLEWOOD FL 34223

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

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

NAME OF SIGNING OFFICER OR DIRECTOR