FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

HIGHWAY C-270 NORTH STAR ROUTE 2. BOX 54

~₽ROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

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1. Corporation Name

Principal Place of Business HIGHWAY C-270 NORTH

STAR ROUTE 2. BOX 54

THE	5-H	CORP	UHAI	HON

BRISTOL FL 32	321	BRISTOL FL 32321				DO NOT WRITE IN THIS SI	PACE_	
		• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualifed		
						12/10/1973		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
26					59-1498489	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
27					5. Certifcate of Status Desired		Fee Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intan	aible	
¬ '	25	— ·	30	-] Yes	□No
24	9. Name and Address of Current			Τ		10. Name and Address of New Registered Ag	ent	
	3. Italia alia radioso di Galiero	Trogressor against		81	Name			
HAT	CHER, SAMUEL T.							
	WAY C-270 NORTH			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	2, BOX 54			02				
	1, BOX 54 STOL FL 32321			83				
DHIO	10L FL 32321			84	City		85 Zip	Code
				1 1	,	FL	.	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	ıthorized	d by t	the corporat	rporation submits this statement for the purpose of chition's board of directors. I hereby accept the appointr	nent as r	egistered
SIGNATURE						red when reinstahnd) DATE		
	Signature, typed or printed name of registered agent			Agent	signature raqui	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	13.				Change	
TITLE	TD	□ DELETE	. 1,1 Tr		ļ	,	cliange	
NAME	RODRIGUEZ, DENISE		.1.2 N	AME	1			
STREET ADDRESS			1.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	BRISTOL FL 32321		1.4 CI	ITY-ST	- ZIP			
TITLE	SD	☐ DELETE	2.1 17	TLE		(Change	Addition
NAME	HATCHER, THOMAS A.		2.2 N	AME	1			
STREET ADDRESS	AUBANT BA FOT MI AT 40		2.3 \$	TREET.	ADDRESS			
CITY-ST-ZIP	HAVANNA FL			TY-ST				
TITLE	PD	☐ DELETE	3.1 77		,		Change	Addition
		<u> </u>	3.2 N				-	
NAME	HATCHER, SAMUEL		1		ADDDESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	BRISTOL, FL 00000 32321			CITY-ST	T-ZIP		C) Chan-	Addition
TITLE		☐ DELETE	4.1 11				Change	: Magapon
NAME			4.2 N	IAME				
STREET ADDRESS			4.3 \$	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-ST	r-ZIP			
TITLE		☐ DELETE	5.1 TI				Change	☐ Addition
NAME			5.2 N	AME				
	}		5.3 S	TREET.	ADDRESS			
STREET ADDRESS				ITY-ST	- 1			
CITY-ST-ZIP		☐ DELETE	6.1 TI		-		Change	Addition
TITLE	}	T) DECE IE			-		2.mige	
NAME	1		6.2 N	AME	1			

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 of 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 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 or apparatchment with an address, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP