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

CITY-ST-ZIP

FILED Mar 03 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000015934 (8) DOCUMENT #
1. Corporation Name A.H. HOLDINGS, INC. Principal Place of Business Mailing Address 2311 KALIN LANE 2311 KALIN LANE SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0658878 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HOGAN, RUTH A 2311 KALIN LANE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 83 Zip Code 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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ Addition Change TITLE 1.1 TITLE NAME HOGAN, RUTH A 1.2 NAME STREET ADDRESS 2311 KALIN LANE 1.3 STREET ADDRESS **SARASOTA FL 34232** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE PD HOGAN, AGNES O NAME 2.2 NAME STREET ADDRESS 5830 MIDNIGHT PASS ROAD #501 2.3 STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITI F 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 C!TY-ST-ZIP 14. Thereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears In Block 12 or Block 13 if charged, of on an attachment with an address.