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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State
09-09-2005 90028 026 ***550.00

DOCUMENT # 281458

1. Entity Name
A & H ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1846 MARGARET ST 1B JACKSONVILLE, FL 32204	1846 MARGARET ST 1B JACKSONVILLE, FL 32204

50065866

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DO NOT WRITE IN THIS SPACE

09012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1051501
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN, FLORA B
1846 MARGARET ST 1B
JACKSONVILLE, FL 32204

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $650.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPTD
NAME	HYMAN, FLORA B
STREET ADDRESS	1846 MARGARET ST 1B
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VPD
NAME	ADKINS, ALYCE G
STREET ADDRESS	4301 WILLINGHAM WAY
CITY-ST-ZIP	COLUMBIA, SC 29206
TITLE	D
NAME	BROOKS, THOMAS W II
STREET ADDRESS	1301 RIVERDARE BLVD STE 2014
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Flora B. Hyman President 9/1/05 904-384-8405
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #