

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 281458

Entity Name: A & H ASSOCIATES, INC.

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1846 MARGARET ST 1B  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1846 MARGARET ST 1B  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 59-1051501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CPTD  
Name: HYMAN, FLORA B  
Address: 1846 MARGARET ST 1B  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD  
Name: ADKINS, ALYCE G  
Address: 1846 MARGARET ST. 1B  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D  
Name: BROOKS, THOMAS W II  
Address: 1301 RIVERDARE BLVD STE 2014  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALYCE G. ADKINS

VP

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date