2008 FOR PROFIT CORPORATION

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ANNUAL RI	EPORT		D	Apr 25, 2008 08:00
DOCUMENT # 310024				Secretary of Sta
1. Entity Name F & H OFFICE MACHINES CORPORATION	ON			and the second of the second
4304 PLYMOUTH ST.	ailing Address 304 PLYMOUTH ST. ACKSONVILLE, FL 32205	US		MINE HIN HEN ENK ENKENNE HEN ENKENNE HEN ENKENNE EN HEN EN E
DO NOT WRITE IN	N THIS SPA	CE	0422 4. FE 5	2008 No Chg-P CR2E034 (11/05) Number
6. Name and Address of Current Regist	tered Agent			÷
CONNELL, LEONARD 4304 PLYMOUTH ST. JACKSONVILLE, FL 32205		DO NOT WRITE IN THIS SPACE		
the obligations of registered agent.	surpose of changing its register	red office or re	gistered ager	t, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title d	fapplicable (NOTE Register	ed Agent signature r	required when reins	ating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 Ma Added to Fe	.se U00000921759 05/15/08-80020-009 150.00
10. OFFICERS AND DIREC	CTORS			
TITLE PD NAME CONNELL, LEONARD L STREET ADDRESS 17070 WELLS RD CITY-ST-ZIP JACKSONVILLE, FL 32234				
TITLE VPST NAME CONNELL, ROBERTA L STREET ADDRESS 17070 WELLS RD CITY-ST-ZIP JACKSONVILLE, FL 32234				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				OO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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?

TITLE NAME STREET ADDRESS CITY - ST - ZIP

> 984-382-5934 Daytime Phone *