FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

319478

(4)

DAWHEHO, INC.

Principal Place of Business

Mailing Address

15904 TOWER VIEW DR CLERMONT FL 34711

15904 TOWER VIEW DR



3. Date incorporated or Qualified 08/04/1967 01/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL Number ADDY 2 26 59-1201315 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Pa	US	11 34711	US	IIS				
2. Process 2.			00				1 ' 1	
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Columbia	⊢ −- '	#, etc.	<u></u>	Suite, Apt. #, etc.		5. Certificate of Status Desired		
29	City & State City & State					6. Election Campaign Financing		
Zop	23		28			, ,		
25		Country	Zip	Country		8. This corporation has liability for in		
STANDESS Contract	24			30				
1 Name		9. Name and Address of Currer	nt Registered Agent				egistered Agent	
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STATE ADDRESS STATE AD				62	Street Addr	t Address (P.O. Box Number is Not Acceptable)		
1. Pursuant to the provisions of Sections 607/0502 and 607/1508. Florida Statutes, the above-named corporation submits this statement for this purpose of dranging its registered diffice 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 registered agent and the obligations of Socion 607/0505. Florida Statutes. SIGNATURE SIGNAME SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAME SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAME SIGNATURE SIGNAME SIGNATURE SIGNAME SIGNATURE SIGNATUR	·			83				
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Signature Sign	44.0							
SIGNATURE					named corpora oration's boar	ation submits this statement for the purp of directors. Thereby accept the appro-	pose of changing its registered office	
12	IEOTINGO WYN	h, and accept the obligations of, Sect	tion 607.0505, Florida Stat	utes.			and the registered agents i any	
12.	SIGNATURE _	Signature, typod or printed name of registered agent	t and title if applicable	(NOTE: Registered Agen	it signature required	o when renstating)	DATE	
MME	12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
STATE ADDRESS 105 STONE HILL DR	THILE	PD	DELETE	1.1 TITLE				
C1Y-S1-ZP	NAME	HOGUE, CHARLES E.		1.2 NAME			_ , _ ;	
TITLE	STREET ADDRESS	105 STONE HILL DR		1.3 STREET	ADDRESS		[8	
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CLERMONT FL					ADDRESS		1	
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		certify that the information supplieds	with this filma is voluntarily	64 CITY - ST	- ZIP	or the exemption etated in Section 110.0	7/2000 Florida Chat	

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 changed, or on an attachment with an address.

GNATURE:

WARREDATURE

SIGNATURE AND TYPED OF PRINTIPLY AME OF SIGNING OFFICER OR DIRECTOR

Date:

Date: