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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

386219

(0)

A & H LIMITED, INC.

Principal Place of Business Mailing Address					T (BOLOD 1)101 TOTAL OLIVE (1001 1)010 GOLD CONTROL OLIVE	
5003 BRITTANY DR. SOUTH 5003 BRITTANY DR. SOUTH			UTH			
SUITE 4	TI SIL SOSIII	SUITE 4				
ST. PETERSBURG FL 33715		ST. PETERSBURG FL 33715			DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified 08/02/1971
6 Principal P	lane of Rusingse	2a. Mailing Address				4. FEI Number Applied For
						59-1359333 Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						S8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ı∩try		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	t Registered Agent		<u> </u>		10. Name and Address of New Registered Agent
arsenault, kenneth g Jr.				81	Name	
10225 ULMERTON ROAD				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
SUITE 2						
LAI	RGO FL 34641			83		
				84	City	85 Zip Code
				Ш		FL 18 2 P COUR
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Sta	tutes	i. `	
SIGNATURE						equired when reinstating) DATE
10	Signature, typied or printee name of registered ager OFFICERS AND		13.	o Age	nt signature requ	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSD	DELETE	1.1 10	TLE	1	Change Addition
NAME	HUEY, DAVID A	_	1.2 N	AME		
STREET ADDRESS	5003 BRITTANY DR. S. #4		1.3 5	TREET	ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33715		1.4 C			
TITLE	VPTD	DELETE	2.1 1			☐ Change ☐ Addition
NAME	ARNETT, T C		2.2 N	AME	İ	
STREET ADDRESS	5003 BRITTANY DR. S. #4		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33715		2.40	ITY-5	IT-ZIP	
TITLE		DELET E	3.1 1			Change Addition
NAME			3.2 N	AME	ļ	=
STREET ADDRESS			3.3 S	REET	ADDRESS	
CITY+ST-ZIP			3.4. C	ITY-S	IT-ZIP	
TITLE		DELETE	4.1 TO	TLE		Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 \$1	REET	ADDRESS	r e e e e e e e e e e e e e e e e e e e
CITY-ST-ZIP		<u></u>	4.4 CI	TY-\$	T-ZIP	
TITLE		☐ DELET e	5.1 TI	TLE	İ	☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	REET	ADDRESS	
CITY-ST-ZIP			5.4 (T-ZIP	
TITLE		☐ DELETE	6.1 T	ILE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS					ADDRES\$	
CITY-ST-ZIP			640	TY-S	T-71P	

CICMATURE.

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 his 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 antaddassy. 2/28/98 8/3-867-5555

FILED

Mar 13 1998 8:00am

Secretary of State