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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 439810

(3)

1. Corporation Name

T & H ENTERPRISES, INC.

Mailing Address



Principal Place of Business Mailing Address								
105 SOUTH I P O BOX 789 ARCADIA FL		105 South Brevar P O Box 789 Arcadia Fl 33821						
					3. Date incorporated or Qualified 3a. Date of Last Report 01/24/1995			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1535389			Applied For	
21 Suite Ant	th oto	26			33 1333303			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├ ──		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	?	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be
Zip Country		Zip Gount			7 rust Fund Contribution Added to Fees 8. This converation has liability for intangible tax under s. 199,032.			
24	25				Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F		gent	
			81	Name				
Turner, Eugene H., Sr. 105 South Brevard Avenue				Street Add	ress (P.O. Box Number is Not Acceptable)			
	A FL 33821		83					
			84	City			85	Zip Code
11 Duray and the	o the provisions of Cauties - COZ OF	00 007 4500 50 10 00 1			oration submits this statement for the pur	FL	<u> </u>	
SIGNATURE _	h, and accept the obligations of, Se	ouon 607.0505, Fiorida Statuti	OS. NOTE Soystered Agen		and of directors. Thereby accept the app	Omment as i	egistere	ed agent. I am
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	VI	☐ DELF I€	1 1 TITLE			T	Change	
NAME	Turner, Eugene H. (SD)		1.2 NAME			_		
STREET ADDRESS	105 S BREVARD AVE		13 STREET	ADDRESS				
CHTY+S1-ZIP	ARCADIA, FLORIDA 33821		14 CITY-S	1 - ZiP				
TITLE		DELFTE	2 1 TILE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			23 STREET	ADDRESS				
C:TY-S1-ZIP			2 4 CiTY - S	1 - 2iF				
T:TLE		☐ DELETE	3. 1 TITLE				Change	☐ Addition
NAME			3.2 NAMŁ					
STREET ADDRESS			33 SIREET	ADDRESS				
CITY - ST - ZIP		F 55.655	3.4 CHTY - S	I - 7IP		·· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELFTE	4 1 TITLE				Change	Addition
NAME SAUSSA ARROSSO			4.2 NAME					
STREET ADORESS			4 3 STREET					
DITY-ST-ZIP TITLE		DELETE	44 C·IY-S	- ZIP			0-	
NAME			5 1 T ILE			i_	Change	Addition
STREET ADDRESS			5.2 NAME	Inhares				ĺ
City-St-ZiP			5 3 STREFT					
TILE		DELETE	5 4 City-St 6 1 Title	- 711			Change	- Addition
NAME		- Otter	6 2 NAME			L_	unange	☐ Addition
STREET ADDRESS			63 STREET.	annerce				
CHY-SI-ZIF			6.4 CITY - ST					
	certify that the information supplied	with this filing is voluntarily fur	mished and does	not qualify	for the exemption stated in Section 119.	07(3)(k) Elori	ia Stati	ites I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 941-494-477