

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 483748

(0)

1. Corporation Name

INVESTMENT OF F & H, INC.



Principal Place of Business

507 C STREET
PO BOX 1084
ST AUGUSTINE FL 32085

Mailing Address

507 C STREET
PO BOX 1084
ST AUGUSTINE FL 32085

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MARTZ, PAUL L
THREE PALM ROW
ST AUGUSTINE FL 32804

3. Date Incorporated or Qualified
09/02/1975

3a. Date of Last Report
02/01/1995

4. FEI Number
59-1628126

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation's officer or director or registered agent

Signature of the Agent or registered agent or new registered agent

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3	12.4
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	P WEST, FRANCES N	507 C STREET	ST AUGUSTINE BCH FL
	S WEST, S.HOWARD	507 C STREET	ST AUGUSTINE BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3	13.4
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing 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 supplementary 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:

M. Frances West, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 904-471-2446

CR2E034 (12/95)