

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L52338

1. Corporation Name

D & H CORP. OF ALACHUA COUNTY

Principal Place of Business

15 S MAIN ST
ALACHUA FL 32616
US

Mailing Address

109 SW 3RD AVE
P.O. BOX 1255
ALACHUA FL 32616
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90232 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1990

4. FEI Number

59-2989251

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

COTHRAN, H. C.
14322 NW 145TH AVENUE
ALACHUA FL 32616

10. Name and Address of New Registered Agent

81 Name H C Cothran

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

14322 NW 145 AVE

83

84 City Alachua

FL

85 Zip Code 32616

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 *He Cothran*
Signature, typed or printed name of registered agent and title if applicable.

H.C. Cothran PD
(NOTE: Registered Agent signature required when reinstating)

1-7-99
DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME FUNKHOUSER, DENNIS R
STREET ADDRESS PO BOX 564 NA
CITY-ST-ZIP ALACHUA FL

TITLE PD
NAME COTHRAN, H C
STREET ADDRESS 109 SW 3 AVE
CITY-ST-ZIP ALACHUA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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, with all other like empowered.

SIGNATURE: *He Cothran* *H.C. Cothran*

1-7-99

904-462-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)