

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L79017** (4)  
1. Corporation Name  
**A AND H CORPORATION OF SARASOTA**



Principal Place of Business  
**736 S. 50TH ST.  
BLDG. 19 & 20  
TAMPA FL 33619  
US**

Mailing Address  
**P.O. BOX 1887  
RIVERVIEW FL 33569**

3. Date Incorporated or Qualified **06/06/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 <b>1100 N 50TH ST</b> Suite, Apt. #, etc. 22 <b>B2D 1C</b> City & State 23 <b>TAMPA FL</b> Zip 24 <b>33619</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>USA</b>	4. FEI Number <b>65-0201778</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HUTCHESON, REDDEN**  
**9812 GIBBISINTON RD** *Gibbsonton Drive*  
**RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signs are required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUTCHESON, REDDEN</b>	
STREET ADDRESS	<b>9812 GIBBISINTON RD</b> <i>Gibbsonton Dr.</i>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AVERY, HOWARD</b>	
STREET ADDRESS	<b>1001 BENJAMIN FRANKLIN</b>	<i>CHANGE OF ADDRESS</i>
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>AVERY, HOWARD</b>	<input type="checkbox"/> DELETE
NAME	<b>5298 WILIA FLEET N</b>	
STREET ADDRESS	<b>SARASOTA FL</b>	
CITY-ST-ZIP	<b>34214</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>AVERY, HOWARD</b>
2.3 STREET ADDRESS	<b>5298 WILIA FLEET N.</b>
2.4 CITY-ST-ZIP	<b>SARASOTA FL 34214</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

*Redden Hutcherson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

*4/29/96*

813 247 4708

Daytime Phone

CR2E034 (12/95)