

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90090 028 ***150.00

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1. Entity Name
S & H, INC.

Principal Place of Business
**462 KINGSLEY AVE SUITE 101
ORANGE PARK FL 32073**

Mailing Address
**356 BLANDING BLVD
ORANGE PARK FL 32073**

2. Principal Place of Business
356 Blanding Blvd

3. Mailing Address
SAME

City & State
ORANGE PARK, FL.

City & State
-

4. FEI Number
02-0613303

Applied For
Not Applicable

Zip Country
32073 Clay/US.

Zip Country
-

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOLSON, JOHN F JR
462 KINGSLEY AVE SUITE 101
ORANGE PARK FL 32073**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres.	<input type="checkbox"/> Delete
NAME Ronald W. Horn	
STREET ADDRESS 109 Coral Hollow	
CITY-ST-ZIP Middleburg, FL 32068	
TITLE V. Pres.	<input type="checkbox"/> Delete
NAME ANDY SPINO	
STREET ADDRESS 2346 Russell Rd.	
CITY-ST-ZIP Great Cove Springs, FL 32093	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Ronald W. Horn	
STREET ADDRESS 109 Coral Hollow	
CITY-ST-ZIP Middleburg, FL 32068	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald W. Horn** 4-14-03 904/272-7168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)