FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:16

DOCUMENT # P93000009438 (1)

1. Corporation Name
I.O.H., INC.

Principal Place of Business	Mailing Address
2804 DEL PRADO BLVD SUITE 107-208 CAPE CORAL FL 33904 US	2804 DEL PRADO BLVD SUITE 107-208 CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0480391 — 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

9. Name and Address of Current Registered Agent

HELDRETH, SYLVIA E
1635 SE 47 TERR
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: Hill I. Olin Jr
82 Street Address (P.O. Box Number is Not Acceptable): 2804 Del Prado #107/208
83
84 City: Cape Coral FL 85 Zip Code: 33904

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: I Olin Hill Jr [signature] DATE: 2/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1 1 TITLE	☐ Change ☐ Addition
NAME	HILL, I. OLIN JR.	1 2 NAME	
STREET ADDRESS	2804 DEL PRADO BLVD 107-208	1 3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	HILL, I. OLIN III	2 2 NAME	
STREET ADDRESS	2804 DEL PRADO BLVD 107-208	2 3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2 4 CITY-ST-ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	PLACE, HARRY B	3 2 NAME	
STREET ADDRESS	2804 DEL PRADO BLVD 107-208	3 3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3 4 CITY-ST-ZIP	
TITLE	P	4 1 TITLE	☐ Change ☐ Addition
NAME	ROTH, GARY	4 2 NAME	
STREET ADDRESS	2804 DEL PRADO BLVD 107-208	4 3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4 4 CITY-ST-ZIP	
TITLE	V	5 1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JOHN W	5 2 NAME	
STREET ADDRESS	2804 DEL PRADO BLVD 107-208	5 3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5 4 CITY-ST-ZIP	
TITLE	~~D~~	6 1 TITLE	☒ Change ☐ Addition
NAME	~~ZENONIANI, D. LEE~~	6 2 NAME	Delete
STREET ADDRESS	~~2804 DEL PRADO BLVD 107-208~~	6 3 STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CORAL FL~~	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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/14/95 DAYTIME PHONE #: (813) 945-1900

0320232 CP