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



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

1110111		Florida depar
CORPORATION		Sandra B
ANNUAL REPORT		Secretar
1996		DIVISION OF C
DOCUMENT #	P9300000	9438 (1)
I.O.H., INC.		
1.O.H., INC.		

Principal Place of Business Mailing Address 2804 DEL PRADO BLVD 2804 DEL PRADO BLVD SUITE 107-208 SUITE 107-208 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILL, I. OLIN Street Address (P.O. Box Number is Not Acceptable) 82 2804 DEL PRADO #107/208 83 CAPE CORAL FL 33904 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 signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE <u>5</u> 1 1 TITLE Change ☐ Addition HILL, I. OLIN JR. NAME 1.2 NAME CR2E034 2804 DEL PRADO BLVD 107-208 STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-7IP 1.4 CITY - ST - ZIP TITLE DELETE 2. 1 TITLE Change ☐ Addition HILL, I. OLIN III NAME 2.2 NAME 2804 DEL PRADO BLVD 107-208 STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 6(14 - \$1-*7*(6 2.4 CITY - ST - ZIP TITLE ☐ DELETE 3 1 TITLE ☐ Change Addition PLACE, HARRY B NAME 3.2 NAME 2804 DEL PRADO BLVD 107-208 STREET ADDRESS 3.3. STREET ADDRESS Cape Coral FL CHTY - ST - ZIP 3.4 CITY-ST-ZIP THILE □ DELETE 4. 1 TITLE Change ☐ Addition ROTH, GARY 4.2 NAME 2804 DEL PRADO BLVD 107-208 STREET ADDRESS 4.3 STREET ADDRESS Cape Coral FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE Change Add-tion MORRIS, JOHN W NAME 5.2 NAME 2804 DEL PRADO BLVD 107-208

CITY-ST-ZIP voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further solemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the content of the con I do hereby certify that the information indicate oath: that I am an officer or direct or trustee empowered to execute this repo an address. appears in Block 12 or Block 13

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

CAPE CORAL FL

OFFICER OR DIRECTOR

DELETE

Change

☐ Addition