

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 # P93000013279 (3)

1. Corporation Name

A & H TRUCKING & DEMO, INC.



Principal Place of Business

8136 BRIGHTON DR
PORT RICHEY FL 34668

Mailing Address

8136 BRIGHTON DR
PORT RICHEY FL 34668

3. Date Incorporated or Qualified

02/15/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3167823

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

2. Principal Place of Business

21 5116 West Shore Drive

Suite, Apt. #, etc.

22

City & State

23 New Port Richey, FL

Zip

24 34652

Country

25 U.S.A.

2a. Mailing Address

26 5116 West Shore Drive

Suite, Apt. #, etc.

27

City & State

28 New Port Richey, FL

Zip

29 34652

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RUSSO ALISON M
8126 BRIGHTON DRIVE
PORT RICHEY FL 34668

81 Name

Russo Alison M.

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

5116 West Shore Drive

83

84 City

New Port Richey

FL

85 Zip Code

34652

10. Name and Address of New Registered Agent

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 Alison M. Russo / Pres.

1/24/96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME RUSSO, ALISON M
STREET ADDRESS 8136 BRIGHTON DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VT ☐ DELETE

NAME CRONIN, HOWARD
STREET ADDRESS 8136 BRIGHTON DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Alison M. Russo / Alison M. Russo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

DATE

(813-849-3995)

Daytime Phone #

CR2E034 (12/95)