

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90165 009 ***150.00

DOCUMENT # P93000013279

1. Corporation Name

A & H TRUCKING & DEMO, INC.



Principal Place of Business

5116 W SHORE DR
PORT RICHEY FL 34652
US

Mailing Address

5116 W SHORE DR
PORT RICHEY FL 34652
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5032 Cabrilla Ct.

Suite, Apt. #, etc.

2a. Mailing Address

26 5032 Cabrilla Ct.

Suite, Apt. #, etc.

City & State

23 New Port Richey FL

Zip

24 34652

Country

25 PASCO

City & State

28 New Port Richey, FL

Zip

29 3462

Country

30 PASCO

9. Name and Address of Current Registered Agent

RUSSO ALISON M
5116 W SHORE DR
PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

ALISON M. Russo

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

5032 Cabrilla Ct.

83

84 City

New Port Richey, FL

85 Zip Code

34652

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME Russo, Alison M
1.3 STREET ADDRESS 5032 Cabrilla Ct.
1.4 CITY-ST-ZIP New Port Richey, FL. 34652

2.1 TITLE VT ☒ Change ☐ Addition

2.2 NAME Cronin, Howard
2.3 STREET ADDRESS 5032 Cabrilla Ct.
2.4 CITY-ST-ZIP New Port Richey, FL. 34652

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Alison Russo REALISON M. Russo

4/9/99

727-848-2802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0493283