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

DOCUMENT # P93000050075 (9)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:43

1. Corporation Name
L & H CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2917 SOMBRERO BLVD. MARATHON FL 33050	2917 SOMBRERO BLVD. MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0429658 ☐ 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

DOWDELL, THOMAS J III
11300 OVERSEAS HWY
MARATHON FL 33050-3465

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FAMALETTE, HILDA	1.2 NAME	FAMALETTE, HILDA	
STREET ADDRESS	2917 SOMBRERO BLVD.	1.3 STREET ADDRESS	2917 SOMBRERO BLVD.	
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	SCHMIDT, LINDA	2.2 NAME	SCHMIDT, LINDA	
STREET ADDRESS	4520 CALVERT STREET	2.3 STREET ADDRESS	4520 CALVERT STREET	
CITY-ST-ZIP	CENTER VALLEY PA	2.4 CITY-ST-ZIP	CENTER VALLEY, PA 18034	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	FAMALETTE, ANTHONY	
STREET ADDRESS		3.3 STREET ADDRESS	2917 SOMBRERO BLVD.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	SCHMIDT, GERALD R.	
STREET ADDRESS		4.3 STREET ADDRESS	4520 CALVERT STREET	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CENTER VALLEY, PA 18034	
TITLE		5.1 TITLE		☐ Change
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), F.S. 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; or that I am a managing partner or general partner of the partnership or the receiver or trustee empowered to execute this report as required by Chapter 620; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hilda Famalette - Pres. 12-6-93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date