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 MAY -1 PM 12:29

DOCUMENT # **P94000024342 (5)**

1. Corporation Name

G & H INDUSTRIES, INC.

Principal Place of Business	Mailing Address
~~15395 S.W. 269TH TERRACE~~ ~~HOMESTEAD FL 33032~~ 105 DIANNE DR. ORMON	~~15395 S.W. 269TH TERRACE~~ ~~HOMESTEAD FL 33032~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 105 DIANNE DRIVE	26 105 DIANNE STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORMOND BEACH, FL	City & State 28 ORMOND BEACH, FL
Zip 24 32176 Country 25	Zip 29 32174 Country 30

4. FEI Number: 65-0538283 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GOMEZ, JUAN D~~ ~~15395 S.W. 269TH TERRACE~~ ~~HOMESTEAD FL 33032~~	81 Name: JAMES L. HAYES 82 Street Address (P.O. Box Number is Not Acceptable): 105 DIANNE DRIVE 83 84 City: ORMOND BEACH FL 85 Zip Code: 32176

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: James L Hayes 4/3/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	HAYES, JAMES L	12 NAME	HAYES, JAMES L.	
STREET ADDRESS	15395 S.W. 269TH TERRACE	13 STREET ADDRESS	105 DIANNE DRIVE	
CITY ST ZIP	HOMESTEAD FL 33032	14 CITY ST ZIP	ORMOND BEACH, FL 32176	
~~TITLE~~	~~D~~	21 TITLE		☐ Change ☐ Addition
~~NAME~~	~~VEDDER, MATTHEW~~	22 NAME		
~~STREET ADDRESS~~	~~15395 S.W. 269TH TERRACE~~	23 STREET ADDRESS		
~~CITY ST ZIP~~	~~HOMESTEAD FL 33032~~	24 CITY ST ZIP		
~~TITLE~~	~~D~~	31 TITLE		☐ Change ☐ Addition
~~NAME~~	~~HEATHERLY, GEORGE~~	32 NAME		
~~STREET ADDRESS~~	~~15395 S.W. 269TH TERRACE~~	33 STREET ADDRESS		
~~CITY ST ZIP~~	~~HOMESTEAD FL 33032,~~	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	REMITTED BY MAY 1	
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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), 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: James L Hayes 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116060 CP