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

APPROVED AND FILED

95 MAY -1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083376 (1)

1. Corporation Name
A.C.H., INC.

Principal Place of Business
PO BOX 3208
NORTH FORT MYERS FL 33918

Mailing Address
PO BOX 3208
NORTH FORT MYERS FL 33918

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0558872
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

NEWSOM, RONALD
104 LITTLE GROVE LANE
NORTH FORT MYERS FL 33917

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEWSOM, RONALD
STREET ADDRESS	104 LITTLE GROVE LANE
CITY	NORTH FORT MYERS FL 33917
TITLE	D
NAME	NEWSOM, KATHRYN
STREET ADDRESS	P.O. BOX 3328 (N/A)
CITY	NORTH FORT MYERS FL 33918
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	☐ Change ☐ Addition
NAME	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY	

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 the 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. If all sections are blank or unchanged, or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 4 if changed, or is an attachment with an address.

SIGNATURE: Ronald Newsom - Ronald Newsom 4/25/95 995 4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0450872 FP