

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Inexpirable or Qualified: **11/14/1994** 3a. Date of Last Report: **05/01/1995**

4. FFI 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 facility for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

same

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0512 and 607.1503, 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

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWSOM, RONALD	
STREET ADDRESS	104 LITTLE GROVE LANE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWSOM, KATHRYN	
STREET ADDRESS	P.O. BOX 3328 (N/A)	
CITY-ST-ZIP	NORTH FORT MYERS FL 33918	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-ST-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-ST-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-ST-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-ST-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-ST-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY-ST-ZIP

14. I do hereby certify that the information supplied by me is true, correct and complete, and that I am not qualified for the exemption stated in Section 119.07(3)(a), 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 officer 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 I resign, or on an attachment with an address.

SIGNATURE: *Ronald Newsom* **Ronald Newsom** 4-25-96 941-995-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)