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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000087852 (7)

IDH, INC.

Principal Place of Business	Mai⊩ng Address	1 10011001 110 10111 01011 00111 001				
1501 PARK AVE. EAST TALLAHASSEE FL 32301	1501 PARK AVE. EAST TALLAHASSEE FL 32301					
		 Date Incorporated or Qualified 12/05/1994 	3a. Date of Last Report 04/05/1995			

								12/05/1994		04/05/1995
2.	2. Principat Place of Business			Mailing Address				4. FEI Number		Applied For
21			26					59-3281484		Not Applicable
22	City & State		27	Suite, Apt. #, etc. 27 Crty & State 28			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23			28			Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
24	Zip	Country 25	29	Zip	Coun	try		8. This corporation has liability for in Florida Statutes Yes		tax under s. 199.032,
	Name and Address of Current Registered Agent							10. Name and Address of New Re	gistere	d Agent
IGLER & DOUGHERTY, P.A. 1501 PARK AVE. EAST TALLAHASSEE FL 32301			B1 B2 B3	Name Street Addres	is (P.O. Box Number is Not Acceptable	9)	. [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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typical or printed name of registered againt and title if applicance (NOTE, Registered Agent signature required when reinstaling) DATE									
	Securities, types or printed name of registered agric Land tille Papplicarne OF LICERS AND DIRECTORS		13.		DATE DERS AND DIRECTORS IN 12				
TITLE	P	☐ DELETE	1. 1 TITLE	Director	[` €nange	Addition			
NAME	IGLER, A. GEORGE		1.2 NAME						
STREET ADDRESS	VT		1.3 STREET ADDRESS						
CHY SI-Z-P	TALLAHASSEE FL		1.4 CITY - ST - ZIP						
TITLE	VT	☐ DELETE	2 1 TITLE	Director	☐ Change	Addition			
NAME	DOUGHERTY, EDWARD W JR		2.2 NAME						
STREET ADDRESS	1501 PARK AVE EAST		2 3 STREET ADDRESS						
CITY - ST - ZIF	TALLAHASSEE FL		2 4 CITY - ST - ZIP			_			
THLE	\$	DELETE	3. 1 TITLE	Director	☐ Change	☐ #todition			
NAME	HERBERT D. HAUGTON		3.2 NAME						
STREE! ADDRESS	1501 PARK AVE EAST		3.3 STREET ADDRESS						
CITY - ST - ZIP	TALLAHASSEE FL		3.4 CITY - ST - ZIP						
TRUE		DELETE	4. 1 TITLE		☐ Change	☐ Addition			
NAME			4.2 NAME						
STREET ACCURESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
1615		☐ DELETE	5 1 TITLE		☐ Change	☐ Addition			
NAME			5 2 NAME						
\$1HEE! ADDRESS			5 3 STREET ADDRESS						
CITY+ST-ZIP			5 4 CITY - ST - ZIP						
TITLE		☐ DELE1E	6. 1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREFT ADDRESS						
CHTY - 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)(k), 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 oatri, 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: SIGNATURE AND TYPED OR PRINTED NAME

Edward W. Dougherty, Jr.

1 29 96 876-241 Date Daytime Phone 8