

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000062118 (1)**

1. Corporation Name

TDH & ASSOCIATES, INC.

Principal Place of Business

**2809 GROVE DRIVE
SANFORD FL 32773**

Mailing Address

**2809 GROVE DRIVE
SANFORD FL 32773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3331746		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HUDSON, TIMOTHY D
2809 GROVE DRIVE
SANFORD FL 32773**

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

Claretha P. Hudson
Signature of person authorized to register and file this report

(NOTE: Registered Agent signature required when registering)

DATE

4/28/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, TIMOTHY D			1.2 NAME	CLARETHA P. HUDSON		
STREET ADDRESS	2809 GROVE DRIVE			1.3 STREET ADDRESS	2501 BYRD AVENUE		
CITY-ST-ZIP	SANFORD FL 32773			1.4 CITY-ST-ZIP	SANFORD, FL 32771		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, TIMOTHY D			2.2 NAME	MOLLY I HUDSON		
STREET ADDRESS	2809 GROVE DRIVE			2.3 STREET ADDRESS	2809 GROVE DRIVE		
CITY-ST-ZIP	SANFORD FL 32773			2.4 CITY-ST-ZIP	SANFORD, FL 32773		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARETHA P. HUDSON			3.2 NAME	TIMOTHY D. HUDSON		
STREET ADDRESS	2501 BYRD AVE			3.3 STREET ADDRESS	2809 GROVE DRIVE		
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP	SANFORD, FL 32773		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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

Claretha P. Hudson

4/28/98

CR2E034 (10/97)