

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90148 023 \*\*\*150.00

DOCUMENT # P95000097503

1. Corporation Name  
AHH HOLDINGS, INC.

Principal Place of Business  
108 PARK PLACE BLVD.  
KISSIMMEE FL 34741

Mailing Address  
108 PARK PLACE BLVD.  
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/27/1995

4. FEI Number  
59-3380031

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name  
Swann, Hadley & Alvarez, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
1031 W. Morse Blvd., Suite 270

84 City  
Winter Park FL 85 Zip Code  
32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MILLER, RODGER M  
STREET ADDRESS 1 E 4TH PL.  
CITY-ST-ZIP CINCINNATI OH 45202

TITLE VPST ☐ DELETE

NAME KOON, DAVID A  
STREET ADDRESS 108 PARK PLACE BLVD  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ DELETE

NAME FULLER, VICTOR  
STREET ADDRESS 2699 S BAYSHORE BLVD, SUITE 900E  
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE

NAME SWANN, RICHARD R  
STREET ADDRESS 1031 W MORSE BLVD, SUITE 270  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE CD ☐ DELETE

NAME MCAULIFFE, TERENCE R  
STREET ADDRESS 9527 OLD DOMINION DR  
CITY-ST-ZIP MELEON VA 22102

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

Daytime Phone #

407-422-5508

CR2E034 (11/98)