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

Mailing Address

146 HALLAM CT.

2a. Mailing Address

SPRING HILL FL 34806-6136

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

146 HALLAM CT.

SPRING HILL FL 34806



FLORIDA DEPARTMENT OF STATE

FILED

May 23 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

01/23/1996

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000010495 (5)

T & H CONSTRUCTION, INC.

1 65-0641015 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANGER, CHRISTOPHER 146 HALLAM CT. 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34606 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 117006 TITLE ANGER, CHRISTOPHER 1.2 NAME NAME 146 HALLAM CT. 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 71118 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-ZIP 4.4 City-St-ZIP DELETE ___ Addition 5.1 THLE THE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY - SY - ZIF Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.