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Secretary of State

03-01-1999 90079 018 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000048168

1. Corporation Name

AK & H CORPORATION

Principal Place of Business

120 N CENTRAL AVE
OVIEDO FL 32765

Mailing Address

120 N CENTRAL AVE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1998

4. FEI Number

59-3513899

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 467. W Church Ave

Suite, Apt. #, etc.

22 Longwood

City & State

23 Longwood. Florida.

Zip

Country

24 32750

25 USA

2a. Mailing Address

26 467. W. Church Ave

Suite, Apt. #, etc.

27

City & State

28 Longwood Florida

Zip

Country

29 32750

30 USA

9. Name and Address of Current Registered Agent

BOXLEY, HENRY O
120 N CENTRAL AVE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

RAMZAN, GULAMALI

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

467. W. Church Ave

83

84 City Longwood

FL

85 Zip Code
32750

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

RAMZAN, GULAMALI

(NOTE: Registered Agent signature required when reinstating)

1-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BOXLEY, HENRY O
STREET ADDRESS 120 N CENTRAL AVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ DELETE

NAME GULAMALI, RAMZAN
STREET ADDRESS 120 N CENTRAL AVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1-28-99

407-831-6900

CR2E034 (11/98)