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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G74325** **(3)**

1. Corporation Name
HANNON REALTY OF PORT ST. JOE, INC.

Principal Place of Business	Mailing Address
501 MONUMENT AVE PORT ST JOE FL 32456-1823 US	501 MONUMENT AVE PORT ST JOE FL 32456-1913 US

2. Principal Place of Business	2a. Mailing Address
21 501 MONUMENT AVE	26 501 MONUMENT
Suite, Apt. #, etc. 22 SUITE 1	Suite, Apt. #, etc. 27 SUITE 1
City & State 23 PORT ST. JOE, FLA.	City & State 28 PORT ST. JOE, FLA.
Zip 24 32456 Country 25 USA	Zip 29 32456 Country 30 USA

3. Date Incorporated or Qualified: 11/28/1983
3a. Date of Last Report: 08/09/1996
4. FEI Number: 59-2354434 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HANNON, FRANK~~ ~~221 REID AVENUE~~ ~~PORT ST. JOE FL 32546~~ DELETE	81 Name: SMOCK, SANDRA K. 82 Street Address (P.O. Box Number is Not Acceptable): 1207 PALM BLVD. 83 84 City: PORT ST. JOE FL 85 Zip Code: 32456

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: Sandra K Smock (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	HANNON, FRANK		1.2 NAME	SMOCK, SANDRA K.	
STREET ADDRESS	1302 CONSTITUTION DR		1.3 STREET ADDRESS	1207 PALM BLVD.	
CITY-ST-ZIP	PORT ST JOE, FL 00000		1.4 CITY-ST-ZIP	PORT ST. JOE, FLORIDA 32456	
TITLE	D	☒ DELETE	2.1 TITLE	TREASURER / DIRECTOR	☒ Change ☐ Addition
NAME	HANNON, DOROTHY A.		2.2 NAME	MAYS, THOMAS G.	
STREET ADDRESS	1302 CONSTITUTION DR		2.3 STREET ADDRESS	1207 PALM BLVD.	
CITY-ST-ZIP	PORT ST. JOE FL		2.4 CITY-ST-ZIP	PORT ST. JOE, FLORIDA 32456	
TITLE		☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME			3.2 NAME	HANNON, FRANK.	
STREET ADDRESS			3.3 STREET ADDRESS	1302 CONSTITUTION DR.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PORT ST. JOE, FLORIDA 32456	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: THOMAS G. MAYS, Director/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #