

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19 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 # **L44569** (6)
1. Corporation Name
DAVID N. HAND, P.A.

Principal Place of Business
**1800 SECOND ST
SUITE 900
SARASOTA FL 34236
US**

Mailing Address
**1800 SECOND ST
SUITE 900
SARASOTA FL 34236
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **2535 Mulberry Ter**
Suite, Apt. #, etc.
22 ~~1800 Second St~~
City & State
23 **Sarasota, FL**
Zip
24 **34239** Country
25 **USA**

2a. Mailing Address
26 **2535 Mulberry Ter**
Suite, Apt. #, etc.
27
City & State
28 **Sarasota, FL**
Zip
29 **34239** Country
30 **USA**

3. Date Incorporated or Qualified
01/18/1990

4. FEI Number
65-0185009 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**HAND, DAVID N.
1800 SECOND STREET
SUITE 900
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2535 Mulberry Ter
83
84 City **Sarasota** FL 85 Zip Code **34239**

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 **David N. Hand** **7-20-98**
Signature, typed or printed name of registered agent and title if applicable. (New Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAND, DAVID N.	
STREET ADDRESS	1800 SECOND ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	David N. Hand	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2535 Mulberry Ter.	
1.3 STREET ADDRESS	Sarasota, FL	
1.4 CITY-ST-ZIP	34239	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-08/20/98--01026--006
*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(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: **David N. Hand** **8-23-98** **691451-0247**

CR2E034 (5/98)

(2)

David N. Hand, P.A.
2535 Mulberry Terrace
Sarasota, FL 34239
(941) 951-0659

August 8, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: David N. Hand, P.A.

Dear Sir/Madam:

I am enclosing the annual report for the corporation, David N. Hand, P.A. together with a check in the amount of \$150.00. I would request that the \$400.00 late penalty be waived.

Up until August, 1997, I actively practiced law under the corporate form, David N. Hand, P. A. at 1800 Second Street, #900, in Sarasota, FL. In August, 1997, I closed my law office and took a job with a private company. However, I intended to keep the corporation active. At the time, I closed my office, my mail was being forwarded to a post office box. For some reason, I did not receive the original corporate report form.

I have been working in the New England area and just recently received the second notice form. If you require anything further please write me at the above address. If you would like to speak to me, please leave a message at the above number and I will return your call. Thank you for your cooperation.

Sincerely,


David N. Hand