SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (2)M61838 1. Corporation Name **DAVID HANN CORPORATION** Principal Place of Business Mailing Address C/O DAVID B. HANN C/O DAVID B. HANN 413 MAHOGANY CIR 413 MAHOGANY CIR KEY LARGO FL 33037 KEY LARGO FL 33037 3a. Date of Last Report 3. Date Incorporated or Qualified 11/02/1987 06/22/1995 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number Not Applicable 65-0023696 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zip Zip Florida Statutes Yes No.

No. Name and Address of New Registered Agent 30 29 24 25 9. Name and Address of Current Registered Agent 81 HANN, DAVID B. Street Address (P.O. Box Number is Not Acceptable) 82 413 MAHOGANY CIR. KEY LARGO FL 33037 83 85 Zip Code R4 City 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 (NOTE Hegistered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/S) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE TITLE 12 NAME CR2E034 NAME HANN, DAVID B. 413 MAHOGANY CIR. L3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME HANN, WILLAIM 2 3 STREET ADDRESS STREET ADDRESS 19030 S.W. 89 CT. MIAMI FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TIT: F 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 C(TY - \$1 - Z(P CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Matte AD TYPE ON PRINTED NAME OF SIGNING OFFICER OR LACTION HANN 7/5/16 305-2815980