

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90055 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000079244**

1. Corporation Name  
**H & O MANAGEMENT INC.**



Principal Place of Business <b>10010 NEBRASKA AVE.                  TAMPA FL 33612</b>	Mailing Address <b>10010 NEBRASKA AVE.                  TAMPA FL 33612</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/17/1993</b>	
21		26		4. FEI Number <b>59-3211265</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HANCOCK, H W                  10010 NEBRASKA AVE.                  TAMPA FL 33612</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>HANCOCK, H W</b>	1.2 NAME					
STREET ADDRESS	<b>671 GEORGE ST.</b>	1.3 STREET ADDRESS					
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	1.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>O'NEILL, PATRICK M</b>	2.2 NAME					
STREET ADDRESS	<b>38923 CR 54E</b>	2.3 STREET ADDRESS					
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	2.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>O'NEILL, RICHARD F</b>	3.2 NAME					
STREET ADDRESS	<b>381 SANTA ROSA BLVD., UNIT W-716</b>	3.3 STREET ADDRESS					
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	3.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>O'NEILL, KELLY S</b>	4.2 NAME					
STREET ADDRESS	<b>11340 STATE ROUTE 34</b>	4.3 STREET ADDRESS					
CITY-ST-ZIP	<b>BRYAN OH 43506</b>	4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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: H. WAYNE HANCOCK 3/11/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)