FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:04

DOCUMENT # **239018** **(5)**

1. Corporation Name

HANSON & MCCALLISTER, INC.

Principal Place of Business	Mailing Address
2010 S. RIDGEWOOD AVENUE **EDGEWATER FL 32141**	**2010 S. RIDGEWOOD AVENUE** **EDGEWATER FL 32141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1960**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-0912542** ☐ 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

MCCALLISTER,DAVID
2010 S. RIDGEWOOD AVE.
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	11 TITLE ☐ Change ☐ Addition
NAME	MCCALLISTER,DAVID	12 NAME
STREET ADDRESS	2010 S RIDGEWOOD AVE.	13 STREET ADDRESS
CITY ST ZIP	EDGEWATER FL	14 CITY ST ZIP
TITLE	SD	21 TITLE ☐ Change ☐ Addition
NAME	MCCALLISTER, CYNTHIA	22 NAME
STREET ADDRESS	105 D WOOD DUCK CIR.	23 STREET ADDRESS
CITY ST ZIP	DAYTONA BCH. FL	24 CITY ST ZIP
TITLE	D	31 TITLE ☐ Change ☐ Addition
NAME	MCCALLISTER JR., DAVID	32 NAME
STREET ADDRESS	2010 S. RIDGEWOOD AVE.	33 STREET ADDRESS
CITY ST ZIP	EDGEWATER FL	34 CITY ST ZIP
TITLE	D	41 TITLE ☐ Change ☐ Addition
NAME	MCCALLISTER, CAROL A.	42 NAME
STREET ADDRESS	2010 S. RIDGEWOOD AVE.	43 STREET ADDRESS
CITY ST ZIP	EDGEWATER FL	44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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: David McCallister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95 904 428-2726
Date Daytime Phone #

0012480 CP