

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 239018 (5)
1. Corporation Name
HANSON & MCCALLISTER, INC.

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

Mailing Address
2010 S. RIDGEWOOD AVENUE
EDGEWATER FL 32141-4207



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1960	3a. Date of Last Report 04/12/1996
21		26		4. FEI Number 59-0912542	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MCCALLISTER, DAVID 2010 S. RIDGEWOOD AVE. EDGEWATER FL 32141				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCALLISTER, DAVID			1.2 NAME			
STREET ADDRESS	2010 S RIDGEWOOD AVE.			1.3 STREET ADDRESS			
CITY - ST - ZIP	EDGEWATER FL			1.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCALLISTER, CYNTHIA			2.2 NAME	SD CYNTHIA MCCALLISTER		
STREET ADDRESS	105 D WOOD DUCK CIR.			2.3 STREET ADDRESS	2010 S RIDGEWOOD AVE		
CITY - ST - ZIP	DAYTONA BCH. FL			2.4 CITY - ST - ZIP	EDGEWATER FL 32141		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCALLISTER JR., DAVID			3.2 NAME	D MCCALLISTER JR DAVID		
STREET ADDRESS	2010 S. RIDGEWOOD AVE.			3.3 STREET ADDRESS	1576 LEWIS LANE		
CITY - ST - ZIP	EDGEWATER FL			3.4 CITY - ST - ZIP	NEW SMYRNA, FL 32148		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCALLISTER, CAROL A.			4.2 NAME	D MCCALLISTER CAROL A.		
STREET ADDRESS	2010 S. RIDGEWOOD AVE.			4.3 STREET ADDRESS	2100 RIDGECREST DR		
CITY - ST - ZIP	EDGEWATER FL			4.4 CITY - ST - ZIP	NASHVILLE, TN 37216		
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 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: DAVID MCCALLISTER 2/15/97 9:44:28 PM

CR2E034 (9/96)