

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **341891** (0)

1. Corporation Name
HANFORD & MILLER, INC.



Principal Place of Business: **2350 BROOKSHIRE AVENUE WINTER PARK FL 32792**
Mailing Address: **2350 BROOKSHIRE AVENUE WINTER PARK FL 32792**

3. Date Incorporated or Qualified: **02/20/1969**
3a. Date of Last Report: **01/13/1995**
4. FFI Number: **59-1318217**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**MILLER, DONALD G.
2350 BROOKSHIRE AVENUE
WINTER PARK FL 32792**

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 607.0506, Florida Statutes.

SIGNATURE: _____ Date: _____
Signature of president, principal agent, or trustee: _____ Date: _____
Signature of Registered Agent (must be personally qualified): _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, MARY	
STREET ADDRESS	2350 BROOKSHIRE AVENUE	
CITY, ST, ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOGGS, JUDITH A.	
STREET ADDRESS	255 SUNDOWN WAY	
CITY, ST, ZIP	DAWSONVILLE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, DONALD G	
STREET ADDRESS	2350 BROOKSHIRE AVENUE	
CITY, ST, ZIP	WINTER PARK FL	
TITLE	SATO	<input type="checkbox"/> DELETE
NAME	MCCLUSKEY, SANDRA	
STREET ADDRESS	2385 SMILEY AVENUE	
CITY, ST, ZIP	WINTER PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLEMMONS, KATHY	
STREET ADDRESS	5817 GRANT FORD ROAD	
CITY, ST, ZIP	GAINESVILLE GA	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BOGGS, WILLIAM L	
STREET ADDRESS	255 SUNDOWN WAY	
CITY, ST, ZIP	DAWSONVILLE GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	5000 hwy. 400 suite 109-63
2.4 CITY, ST, ZIP	Dawsonville Ga. 30534
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	1560 Mizell Ave
4.4 CITY, ST, ZIP	Winter Park Fla 32789
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	5000 hwy. 400 suite 109-63
6.4 CITY, ST, ZIP	Dawsonville, Ga. 30534

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 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: Mary L. Miller Mary Miller, Pres. 3-14-96 706-864-3784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)