

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

FILED

**Jan 16 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 341891 (0)
1. Corporation Name
HANFORD & MILLER, INC.



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|---|--|
| Principal Place of Business 2350 BROOKSHIRE AVENUE WINTER PARK FL 32782 | Mailing Address 2350 BROOKSHIRE AVENUE WINTER PARK FL 32782-4728 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/20/1969 | 3a. Date of Last Report 03/20/1986 |
| 4. FEI Number 59-1318217 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MILLER, DONALD G.
2350 BROOKSHIRE AVENUE
WINTER PARK FL 32782**

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: _____ (NOTE: Registered Agent signature required when reinstating) 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 | 2365 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

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SATO McCluskey Sandra |
| 4.3 STREET ADDRESS | 1560 Mizell Ave |
| 4.4 CITY-ST-ZIP | Winter Park, FL 32789 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: *Sandra McCluskey Sandra McCluskey* 1-7-97 407-645-5897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)