

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90012 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 341891

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 02/20/1969	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Roy Doby McCluskey**

82 Street Address (P.O. Box Number is Not Acceptable)
1560 Mizell Ave

83

84 City **Winter Park FL** 85 Zip Code **32789**

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]* *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DONALD G	
STREET ADDRESS	2350 BROOKSHIRE AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SATD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLUSKEY, SANDRA	
STREET ADDRESS	1560 MIZELL AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLEMMONS, KATHY	
STREET ADDRESS	5817 GRANT FORD ROAD	
CITY-ST-ZIP	GAINESVILLE GA	
TITLE	ASD	<input checked="" 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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clemmons, Kathy	
1.3 STREET ADDRESS	5817 Grant Ford Rd.	
1.4 CITY-ST-ZIP	Gainesville, GA 30506	
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	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boggs, William L	
3.3 STREET ADDRESS	255 Sundown Way	
3.4 CITY-ST-ZIP	Dawsonville, GA 30534	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McCluskey Sandra M.	
4.3 STREET ADDRESS	1560 Mizell Ave	
4.4 CITY-ST-ZIP	Winter Park, FL 32789	
5.1 TITLE	AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Roy Doby McCluskey	
5.3 STREET ADDRESS	1560 Mizell Ave.	
5.4 CITY-ST-ZIP	Winter Park, FL 32789	
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 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: *[Signature]* *[Signature]* *Treas.* 1/6/99 407-645-5897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)