

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

**APPROVED AND FILED**

**95 APR 24 AM 8:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 397444 (1)**

**1. Corporation Name  
HANNA DEVELOPMENT CORPORATION**

**Principal Place of Business Mailing Address  
440 GULF BLVD 440 GULF BLVD  
BELLEAIR SHORE FL 34635 BELLEAIR SHORE FL 34635**

DO NOT WRITE IN THIS SPACE.

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 03/15/1972	<b>3a. Date of Last Report</b> 04/20/1994
<b>21</b>		<b>26</b>	440 Gulf Blvd	<b>4. FEI Number</b> 59-1423694	Applied For Not Applicable
<b>22</b> Suite, Apt. #, etc.		<b>27</b> Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>23</b> City & State		<b>28</b> City & State		<b>6. Election Campaign Financing</b>	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>24</b> Zip		<b>25</b> Country	<b>29</b> Zip	<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b>	
			34634	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
HANNA, LEE E 440 GULF BLVD BELLEAIR SHORE FL 34635				<b>81</b>	Name		
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)		
				<b>83</b>			
				<b>84</b>	City	NEW ZIP CODE	<b>85</b>

**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** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PD</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HANNA, L E	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	440 GULF BLVD	<b>1.3 STREET ADDRESS</b>	Add zip 34634
<b>CITY - ST - ZIP</b>	BELLEAIR SHORE FL	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>TAS</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HANNA, L.M.	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	3201 MAPLE AVE	<b>2.3 STREET ADDRESS</b>	Add zip 33704
<b>CITY - ST - ZIP</b>	ST. PETERSBURG FL	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VPD</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HANNA, N.R.	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	440 GULF BLVD	<b>3.3 STREET ADDRESS</b>	Add zip 34634
<b>CITY - ST - ZIP</b>	BELLEAIR SHORE FL	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>S</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HANNA, N R	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	440 GULF BLVD	<b>4.3 STREET ADDRESS</b>	Add zip 34634
<b>CITY - ST - ZIP</b>	BELLEAIR SHORE FL	<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HANNA, L M	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	3201 MAPLE AVE	<b>5.3 STREET ADDRESS</b>	Add zip 33704
<b>CITY - ST - ZIP</b>	ST. PETERSBURG FL	<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VP</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HANNA, L. M	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	3201 MAPLE AVE.	<b>6.3 STREET ADDRESS</b>	Add zip 33704
<b>CITY - ST - ZIP</b>	ST. PETERSBURG FL	<b>6.4 CITY - ST - ZIP</b>	

**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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** \_\_\_\_\_ **4/18/95** **813-596-7247**  
SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OR DIRECTOR Date Telephone Number  
**LEE E. HANNA, PRESIDENT**