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**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 397444 (1)
1. Corporation Name
HANNA DEVELOPMENT CORPORATION



Principal Place of Business: **440 GULF BLVD BELLEAIR SHORE FL 34635**
Mailing Address: **440 GULF BLVD BELLEAIR SHORE FL 34634 US**

3. Date Incorporated or Qualified: **03/15/1972**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1423694**
Applied For: Not Applicable
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 15041 Carruthers Rd**
Suite, Apt. #, etc.:
22. City & State: **23 DOVER, FL**
Zip: **24 33527** Country: **25 US**
2a. Mailing Address: **26 ROBERT SAVAGE/c/o L WENDELL**
Suite, Apt. #, etc.:
27. City & State: **27 15041 CARRUTHERS RD**
28. City & State: **28 DOVER, FL**
Zip: **29 33527** Country: **30 US**

9. Name and Address of Current Registered Agent
**HANNA, LEE E
440 GULF BLVD
BELLEAIR SHORE FL 34634**

10. Name and Address of New Registered Agent
81 Name: **ROBERT T. SAVAGE, JR.**
82 Street Address (P.O. Box Number is Not Acceptable): **c/o L. WENDELL 15041 CARRUTHERS RD**
83
84 City: **DOVER** FL 85 Zip Code: **33527**

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: **ROBERT T. SAVAGE, JR.** DATE: **4/28/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required. Start for stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HANNA, L E	
STREET ADDRESS	440 GULF BLVD	
CITY - ST - ZIP	BELLEAIR SHORE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HANNA, N.R.	
STREET ADDRESS	440 GULF BLVD	
CITY - ST - ZIP	BELLEAIR SHORE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HANNA, N R	
STREET ADDRESS	440 GULF BLVD	
CITY - ST - ZIP	BELLEAIR SHORE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAVAGE, ROBERT T. JR.	
1.3 STREET ADDRESS	c/o L. WENDELL, 15041 CARRUTHERS RD	
1.4 CITY - ST - ZIP	DOVER, FL 33527	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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: **SIGNATURE REQUIRED** DATE: **4/28/97** DAYTIME PHONE #: **813-240-7772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)