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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State

DOCLI	1996 <b>3</b>	DIVISION C	OTT OTATIONS		
1. Corporatio	IMENT # 49649 L S. HANCOCK, INC.	91 (2)			
Principal Place	e of Business	Mailing Address		E OBBINY BIBIT (BUID EVEL) BIBIT	rarak tisan disahi diani diani Bibit dibit dibit 1001
31107 BLANT DADE CITY I US		31107 BLANTON ROA DADE CITY FL 33525			•
		US		3. Date incorporated or Qualifie 02/12/1976	3a. Date of Last Report 06/22/1995
2. Principal Pr 1	Place of Business	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-1673317	Not Applicable  \$8.75 Additional
2		27	··	5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	Country 30	Florida Statutes	for intangible tax under s 199.032, Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of Ne	w Registered Agent
HANCO	CK, HUBERT				
31107 BLANTON ROAD			82 Street	Address (P.O. Box Number is Not Accep	atable)
DADE C	OTY FL 33525		83		
			84 City		85 Zip Code
			10.1 0		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	1	orporation submits this statement for the	
SIGNATURE	to the provisions of Sections 607.05, to the provisions of Sections 607.05, and accept the obligations of Section and accept the obligations of Sections of Sections of Provisions and Computer Sections of Provisions of Provisio		tes, the above-named corporation's s.	orporation submits this statement for the board of directors. I hereby accept the a	purpose of changing its registered office pointment as registered agent. I am
SIGNATURE	Skirulture: typied or printed name of registered age.	ort and titled applicable (N ND DIRECTORS	1	required when reinstating)	
SIGNATURE . ILE	Skinding speed or criefted name of registered age OF HCERS AI	ant and their diapplicable (N	rites, the above-named cored by the corporation's s.  OTE Registered Agreet signature 1  13.  1 1 TITLE	required when reinstating)	purpose of changing its registered office ppointment as registered agent. I am
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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.