

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 MAY -1 09 7

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 581994 (1)

1. Corporation Name
HANKINSON ENTERPRISES, INC.

Principal Place of Business 6286 7TH PLACE VERO BEACH FL 32968 US	Mailing Address 6286 7TH PLACE VERO BEACH FL 32968 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1978	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2796420	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

6. This corporation has liability for information under 5. (1995) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HANKINSON, NORMAN J
6286 7TH PLACE
VERO BEACH FL 32968**

TEMP. ADDRESS

10. Name and Address of New Registered Agent

B1 Name HANKINSON NORMAN J.
B2 Street Address (P.O. Box Number is Not Acceptable) S.W. HONEY SUCKLE ST.
B3
B4 City DUNNELLON FL
B5 34431

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 of Registered Agent or Registered Agent's Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME HANKINSON, NORMAN J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6286 7TH PLACE	CITY, ST, ZIP VERO BEACH FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE ST	NAME HANKINSON, SANDRA J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6286 7TH PLACE	CITY, ST, ZIP VERO BEACH FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I 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)(B), 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 of this filing, or on an attachment with an address.

SIGNATURE: *NORMAN J. HANKINSON* PRES. 4/14/95 1-708-484-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

TEMP. PHWG