

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

FILED
Apr 11 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 # **SF1994**

1. Corporation Name.

HANKINSON ENTERPRISES, INC.

Principal Place of Business

**6286 7TH PLACE
VERO BEACH FL 32968**

Mailing Address

**225 LAKESIDE CIR.
SUNRISE, FL 33326**

3. Date Incorporated or Qualified

8/11/1978

3a. Date of Last Report

6/17/96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2796420

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**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 CITY

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 CITY

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 CITY

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 CITY

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 CITY

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 CITY

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 CITY

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 CITY

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 CITY

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 CITY

36 NAME

37 STREET ADDRESS

38 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN J HANKINSON

4/1/97

Date

9184 TEMP.

Daytime Phone #

CR2E034 (9/96)