

**CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:32

**DOCUMENT # F03660 (0)**

1. Corporation Name  
**HANGAIRE, INC.**

Principal Place of Business	Mailing Address
C/O MARSHALL B BONE JR 1412 INTREPID DR. DELAND FL 32724	C/O MARSHALL B BONE JR 1412 INTREPID DR. DELAND FL 32724

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/29/1980</b>	3a. Date of Last Report <b>03/14/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2042850</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BONE JR, MARSHALL B 900 PINE TREE TERRACE DELAND FL 32724				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, JR., MARSHALL B.	1.2 NAME	
STREET ADDRESS	900 PINE TREE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, HOWARD A.	2.2 NAME	
STREET ADDRESS	2960 PINE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXEY, WILLIAM F.	3.2 NAME	
STREET ADDRESS	1812 MERRITT PK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, JR. M B	4.2 NAME	
STREET ADDRESS	900 PINE TREE TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marshall B Bone Jr PRESIDENT MARSHALL B BONE JR 18 MAR 95 904-734-2584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr