

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000002150

1. Corporation Name

HANDY MANAGEMENT CO, INC.

Principal Place of Business

244 S. GLADES TRAIL  
PANAMA CITY BEACH FL 32407

Mailing Address

244 S. GLADES TRAIL  
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

21 4813 ANDREW AVE

2a. Mailing Address

26 4813 ANDREW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

22 City & State

23 SARASOTA, FL

City & State

28 SARASOTA, FL

24 Zip Country

24 34233 25 USA

Zip

29 34233

Country

30 USA

9. Name and Address of Current Registered Agent

HANDY, M A  
244 S. GLADES TRAIL  
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name HANDY M A

82 Street Address (P.O. Box Number is Not Acceptable)  
4813 ANDREW AVE

83

84 City SARASOTA FL 85 Zip Code 34233

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HANDY, MERLE A  
STREET ADDRESS 244 S. GLADES TRAIL  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

DELETE

TITLE VST  
NAME HANDY, MARY A  
STREET ADDRESS 44707 GREENACRES LANE  
CITY-ST-ZIP CALIFORNIA MD 20619

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

4813 ANDREW AVE  
SARASOTA, FL 34233

Change  Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

MERLE

HANDY

11/99 923-7256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)