

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90011 015 ***150.00

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

52-1860491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 4813 ANDREW AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 4813 ANDREW AVE
Suite, Apt. #, etc.

City & State

23 SARASOTA, FL

City & State

28 SARASOTA, FL

Zip

24 34233 25 USA

Zip

29 34233 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

M A Handy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE VST ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4813 ANDREW AVE

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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* MERLE HANDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)