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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 13 1998 8:00am Secretary of State

DOCU	IMENT # G	i 91203	(1)						
			(' '						
HAHN	'S S ERVICE, INCC	PROPRATED							
						1 10 11 11 11 11 11 11 11 11 11 11 11 11		liðir þrá ll þrí	LIL ATATI (BA)
Principal Place of Business Mailing Address								FRIERI WINTE WE	iri atalı tadı
2812 HWY 60 E			2812 HWY 60 E						
LAKE WALES FL 33853 US			LAKE WALES FL 33853 US			50 407 400			
03			03			DO NOT WRIT	E IN THIS S	PACE	
						3. Date Incorporated or Qualified 03/14/1984			
2. Principal	Place of Business	2	a. Mailing Address			4. FEI Number			antiad Car
			26			59-1723465			oplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			00 1120100			ot Applicable Additional
22			27			5. Certificate of Status Desired	K		egulred
City & State			City & State			6. Election Campaign Financing	····		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Countr	у	Zip	Country	,	8. This corporation owes or has p	aid the curr		
24				30	Personal Property Tax due June 30. Yes No				
	9, Name and Addre	ss of Current Reg	Istered Agent		,	10. Name and Address of New Ro	egistered A	gent	
	AHN, DONALD L.			81	Name				
2812 HWY 60 EAST				82	Street Adds	ress (P.O. Box Number is Not Accepta	hle)		
LAKE WALES FL 33853					0.00.00.				
				83					
				84	City			85 Zip	Code
							FL	1 1 '	
11. Pursuant	to the provisions of Sect	tions 607.0502 and	607.1508, Florida State	ites, the abov	e-named corp	poration submits this statement for the join's board of directors. I hereby acce	ourpose of o	hanging it	s registered
agent. I a	am familiar with, and acc	ept the obligations	of, Section 607.0505, F	lorida Statute	r trie corporat S.	libris board of directors. I hereby acce	pi ine appo	intment as	registered
SIGNATURE									
12.	Signature, lyped or prelied name				ont signature requir	ed when reinstating)	DATE		
TITLE	1 PD	FFICERS AND DIRE	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
NAME	RAHN, DONALD L		C) DELETE	1.1 TITLE			L	Change	Addition
STREET ADDRESS	184 LAKEVIEW DF			1.2 NAME					
	HAINES CITY FL	1175		1.3 STREET					
CITY-ST-ZIP	VST		Delete	1.4 City - S	T-ZIP			1.0	T 1 4 3 000
TITLE	RAHN, BRENDA L		☐ DELETE	21 TITLE			ŧ	Change	☐ Addition
NAME	2812 HWY 60 E	•		2.2 NAME					
STREET ADDRESS	LAKE WALES FL			2.3 STREET	ADDRESS				
CITY-ST-ZIP	D D			2. 4 CITY - S	ST-ZIP				
TITLE	_		☐ DELET E	3.1 TITLE			L	_ Change	☐ Addition
NAME	RAHN, BRENDA L	ı		3.2 NAME					
STREET ADDRESS	2812 HWY 60 E			3.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WALES FL			3.4. CITY - S	T- ZIP				
TITLE			□ DELETE	4.1 TITLE	- 1		L	Change	☐ Addition
NAME				4. 2 NAME		•			ŀ
STREET ADDRESS				4.3 STREET	address				ĺ
CITY-ST-ZIP			<u></u>	4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE		- 		Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	- ZIP	· · · · · · · · · · · · · · · · · · ·		_	
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME	-				i
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST					
44 16									

Thereby 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 bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.