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

DOCUMENT # H37649 (1)

HANCOCK INFORMATION GROUP, INC.

FILED Mar 19 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					. (Anter and virt lette state fills fill state	Arbeit Arbeit billit Bilget bilbit abbi
2180 W. S.R. 434, STE. 3170 2180 W. S. LONGWOOD FL 32779 LONGWO						
	· # ==/ · #		-		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 01/10/1985	
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		59-2476272	Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	-n hn hn		Country		8. This corporation owes or has paid the current year Intangible	
24	25 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		30	30 Personal Property Tax due June 30. 10. Name and Address of New Registere		Yes No
		em negistereo Agent		1 Name	10. Name and Address of New Register	en Agent
OTIS, RAYMOND W. 141 W. READING WAY			L			
	NTER PARK FL 32789		L		ress (P.O. Box Number is Not Acceptable)	
			6	3		
			8	4 City	I I	85 Zip Code
ata Durayant	to the province of Contact CO7 for	00 and 207 4609 1 banks \$4	atutos the abo	Luc parad ser		
office or r agent. La	egistered agent, or both, in the State familiar with, and accept the obt	to of Florida. Such change w gations of, Section 607.0505	as authorized , Florida Statu	by the corpora es.	poration submits this statement for the purpor tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature: typed or printed name of roal deport a	second and title of morate at the	NOTE Registered	Ident signature requi	ired when reinstating) DA	F :
12.		NO DIRECTORS	13.	3	ADDITIONS/CHANGES TO OFFICERS	
FITLE	PTD	DELFTE	1,1 TitL			Change Addition
NAME	HANCOCK, SUSAN A.		1,2 NAM	£)		
STREET ADDRESS	141 W. READING WAY		1,3 STR	ET ADDRESS		
CITY-ST-ZIP			1.4 CITY	- ST - ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLI			Change Addition
NAME	OTIS, RAYMOND W.		2 2 NAM	E ·		
STREET ADDRESS			2 3 STAE	ET ADDRESS	•	*
CITY-ST-ZiP	WINTER PARK FL			-ST-ZIP		
TITLE	DELETE		3.1 TITLI			Change Addition
NAME			3.2 NAM			
STREET ADDRESS	•			E1 ADDRESS		
CHTY-ST-ZIP TITLE		DELLTE	3.4. CHT	-\$1-ZIP		Change Addition
NAME			4.1 IIILI 4.2 NAA	- 1		C claude (T vanital)
STREET ADDRESS			1	ET ADURESS		
CITY-ST-ZIP			4.4 CITY			
TITLE	<u> </u>	DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			1 '	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	61 TITLI		LI UDIDA VVI	Change Addition
NAME			6.2 NAM	.	FLORIDA_CO	γ · – ""
STREET ADORESS				ET ADDRESS	FOUIDIT TOU	.4
CITY CT. 7ID			6.4 CITY	1		'

14. 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 security of 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, you an attachment with an address

SIGNATURE:

2/27/98