## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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1996 DOCUMENT #

SIGNATURE:

SQNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H87056

(8)

HANLON ACOUSTICAL CEILINGS, INC.

Po	ecipal Place of Bu	siness					
1.	6 ROSEMARY HAN 2603 CORRAL RD AMPA FL 33626-44		12603 CORRAL RD	% ROSEMARY HANLON 12603 CORRAL RD TAMPA FL 33626-4403			
•						<ol> <li>Date incorporated or Qualified</li> <li>11/26/1985</li> </ol>	3a. Date of Last Report 04/13/1995
2. 21	Principal Place of	Business	2a. Mailing Address			4. FEI Number 59-2877247	Applied For Not Applicable
22	Suite, Ant #. etc 12		Suite, Apt. #, etc.	F - 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Orty & State		City & State	ir i		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
24	<i>Ζ</i> ιρ:	Country 25	Ζιρ <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes	
	9.	Name and Address of Cui	rrent Registered Agent		NI	10. Name and Address of New Re	egistered Agent
	HANI ON DO	CELLADY		81	Name		
HANLON, ROSEMARY 12603 CORRAL RD				82 Street Ac		dress (P.O. Box Number is Not Acceptable)	
	TAMPA FL 33	624		83			
				84	City		FL 85 Zip Code
11	. Pursuant to the	provisions of Sections 607.0	502 and 607.1508, Florda Sta	tutes, the above-n	amed corps	oration submits this statement for the purp	pose of changing its registered office.
	<ul> <li>or registered age</li> </ul>	ent, or both, in the State of F	londa. Such change was autho Section 607.0505 Artorida Statu	prized by the corpo	oration's bo	and of directors. Thereby accept the appo	intment as registered agent. I am
SIC	SNATURE X	Jones - Jane	4	7		/	1/24/1996
		type for protective or of regularity	God and this Application	(NOCE Brigistere LÁgar)	signalitie respi		CATE
12 111.			AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	CERS AND DIRECTORS IN 12  Change
NAS		NLON, ROSEMARY		1.2 NAME			
	I	603 CORRAL RD		13 STREE!	ADDRESS		
	ž.	MPA FL		14 CHY - ST	i		
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NAS	I	NLON, PAT		22 NAME	}		
STE		603 CORRAL RD		23 STAEET.	ADORESS		
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	Y - ST - ZP-			34 CITY SI			
111.			DELETE	4 1 1016	- 211		Change Addition
NAN	ys.			4.2 NAME			
\$ "H	RET ADDRESS			43 STREET.	ADDRESS		
017	Y . \$1 - 246			44 CiTY ST	ZIP		
1111			☐ DELEJE	5 1 TUL€			Change Addition
h45	į			5.2 NAME			
S*E	SELACORCES			53 STREET.	ADDRESS		
	r ST Ziff		r noisy	5 4 CITY SI	· ZIP		Christian Charles
Tii.	į		☐ DELEYE	6 1 Till( <del>(</del>			Change Addition
NAM eau	,			6.2 NAME	ADDRESS		
	CULADOPESS			6.3 STREET.			
	r SI-ZF . I do hereby certi	fy that the information scional	echwith this fillna is voluntariiv.	6.4 City - \$1 furnished and does		for the exemption stated in Section 119.0	07/3)(k). Florida Statutes I further
• •	<ul> <li>certify that the in oath, that Lanua</li> </ul>	formation indicated on this a in officer or director of the cu	annual report or supplemental a	annual report is trui	e and accui o execute ti	rate and that my signature shall have the character for the report as required by Chapter 607, Fic.	same legal effect as if made under