

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # H90472 (2)

1. Corporation Name

HANSON LAND DEVELOPMENT, INC.



Principal Place of Business

% CAROL J. HANSON
2169 MYAKKA RD
SARASOTA FL 34240

Mailing Address

% CAROL J. HANSON
2169 MYAKKA RD
SARASOTA FL 34240

2. Principal Place of Business

21 2169 MYAKKA ROAD

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FLORIDA

Zip

24 34240

Country

25 SARASOTA

2a. Mailing Address

26 2169 MYAKKA ROAD

Suite, Apt. #, etc.

27

City & State

28 SARASOTA, FLORIDA

Zip

29 34240

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

HANSON, CAROL J.
2169 MYAKKA RD
SARASOTA FL 34240

3. Date Incorporated or Qualified

12/16/1985

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2620117

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Carol J. Hanson

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when agent changes)

DATE

1-29-96

12. OFFICERS AND DIRECTORS

TITLE PD ~~XX~~ DELETE

NAME HANSON, CARL J.
STREET ADDRESS 2169 MYAKKA RD
CITY-ST-ZIP SARASOTA FL

TITLE VD ~~XXX~~ DELETE

NAME HANSON, STEVEN C.
STREET ADDRESS 30950 SHADY LANE TERRACE
CITY-ST-ZIP MYAKKA CITY FL

TITLE STD ☐ DELETE

NAME HANSON, CAROL J.
STREET ADDRESS 2169 MYAKKA RD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ~~XX~~ Change ☐ Addition

12 NAME HANSON, STEVEN C.
13 STREET ADDRESS 30950 SHADY LANE
14 CITY-ST-ZIP MYAKKA CITY, FL 34251

2.1 TITLE VICE PRESIDENT ~~XX~~ Change ☐ Addition

22 NAME HANSON, CARL J
23 STREET ADDRESS 2169 MYAKKA ROAD
24 CITY-ST-ZIP SARASOTA, FL 34240

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Steven C. Hanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN C. HANSON
PRESIDENT

1-24-96

DATE

941-322-1049

DEPT. OF STATE

CR2E034 (12/95)