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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J40435 (6)

1. Corporation Name
HANNAH, MARSEE & VOGHT, P.A.

Principal Place of Business Mailing Address
% HOWARD R. MARSEE % HOWARD R. MARSEE
225 EAST ROBINSON STREET, SUITE 505 225 EAST ROBINSON STREET, SUITE 505
ORLANDO FL 32801-4303 ORLANDO FL 32801-1627



2. Principal Place of Business 2a. Mailing Address
21 225 E. Robinson Street 26 225 E. Robinson St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 505 27 Suite 505
City & State City & State
23 Orlando, FL 28 Orlando, FL
Zip Country Zip Country
24 32801-4303 25 32801-4303 29 32801-4303 30

3. Date Incorporated or Qualified 11/01/1986 3a. Date of Last Report 04/01/1996
4. FEI Number 59-2733237 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

9. Name and Address of Current Registered Agent

MARSEE, HOWARD R.
225 EAST ROBINSON STREET
SUITE 505, LANDMARK CENTER II
ORLANDO FL 32801-4303

10. Name and Address of New Registered Agent

81 Name G. B. McVay Voght
82 Street Address (P.O. Box Number is Not Acceptable) 225 E. Robinson Street
83 Suite 505
84 City Orlando FL 85 Zip Code 32801-4303

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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE *G.B. McVay Voght* G.B. McVay Voght 4/8/97
Signature typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HANNAH, ROBERT A.	
STREET ADDRESS	225 E. ROBINSON ST., #505	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	DELETE
NAME	MARSEE, HOWARD R.	
STREET ADDRESS	225 E. ROBINSON ST., #505	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	INGRAM, CHARLES J	
STREET ADDRESS	225 E ROBINSON ST #505	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	VOGHT, G.B. MCVAY	
STREET ADDRESS	225 E. ROBINSON ST., #505	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ASVP	DELETE
NAME	COWARD, CLAY H	
STREET ADDRESS	225 E ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ASVP	DELETE
NAME	JEWETT, HENRY W	
STREET ADDRESS	225 E ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL	

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		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 hereafter, or on an attachment with an address.

SIGNATURE: *G.B. McVay Voght* 4/8/97 407-849-1122
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)