

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

DOCUMENT # **K53278** (3)

1. Corporation Name

WYLLIE-HANSON REAL ESTATE SERVICES, INC.



Principal Place of Business

1111 SOUTH ORANGE AVENUE
SUITE 400
ORLANDO FL 32806
US

Mailing Address

1111 SOUTH ORANGE AVENUE
SUITE 400
ORLANDO FL 32806
US

2. Principal Place of Business

21 **SUITE 102**

Suite, Apt. #, etc.

22 **345 W. MICHIGAN ST.**

City & State

23 **ORLANDO, FL.**

Zip

24 **32806**

Country

25 **USA**

2a. Mailing Address

26 **SUITE 102 345 W. MICHIGAN ST.**

Suite, Apt. #, etc.

27 **ORLANDO, FL.**

City & State

28 **32806**

Zip

29 **USA**

Country

30 **USA**

3. Date Incorporated or Qualified

12/22/1988

3a. Date of Last Report

03/17/1995

4. FEI Number

59-2932525

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

**HARLAN L. HANSON
1111 S. ORANGE AVENUE
STE. 400
ORLANDO FL 32806**

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 607.0592 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

Signature, typed or printed name of registered agent and fee of application

(NOTE: Registered Agent's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PO HANSON, HARLAN L.**
STREET ADDRESS **1047 SWEETBRIAR RD**
CITY-ST-ZIP **ORLANDO 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

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 ☐ 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 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:

Harlan L. Hanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/96 (407) 839-1111
Daytime Phone #

CR2E034 (12/95)