FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L08780

HANNON ENTERPRISES, INC.

## **FILED** Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90049 013 \*\*\*150.00



Principal Place of Business Mailing Address					T TORRIDAY DEL DUREN TOURS TOURS TREAT BOTH GIRLI BIRLI BIRL		
1110 HWY A1A SATELLITE BEACH FL 32937 US		1110 HIGHWAY AIA SATELLITE BEACH FL 32937 US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/14/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			59-3003307   Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired  Fee Required		
		27	City & State		6. Election Campaign Financing \$5.00 May Be		
City & State City		<b>⊢</b> ¬ ′	ny a sais		Trust Fund Contribution Added to Fees		
Zip			Country		8. This corporation owes the current year Intangible		
24	25	29	)		Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
LIANE	MON IAMES		81	Name			
HANNON, JAMES 1110 HWY A1A SATELLITE BEACH FL 32937			82	Street Ac	Idress (P.O. Box Number is Not Acceptable)		
			83				
J					, ,		
			84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Septians 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections 607.1502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of the purpose of stating in registered office or registered agent, owner, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE					2/2/99		
	Signature typed or printed name of legistered agent	· · · · · · · · · · · · · · · · · · ·		nt signature requ	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	D OFFICERS AND	D DIRECTORS DELETE	13. 1,1 TITLE	Т	Change Addition		
NAME	HANNON, JAMES T	<u> </u>	1.2 NAME				
STREET ADDRESS	1110 HWY A1A		1	TADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY-S				
TITLE	D	☐ DELETE	2.1 TITLE		. Change Addition		
NAME	HANNON, THOMAS		2.2 NAME		,		
STREET ADDRESS	1110 HWY A1A		2.3 STREE	TADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2.4 CITY-	T-ZIP			
TITLE	TS	☐ DÉLETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	HANNON, DONNA E		3.2 NAME				
STREET ADDRESS	1110 HIGHWAY A1A		3.3 STREE	TADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		3.4. CITY-5	T-ZIP	Change Addition		
TITLE		☐ DELETÉ	4.1 TITLE		☐ Citalige ☐ Audition		
NAME			4.2 NAME				
STREET ADDRESS			l .	T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	☐ Change ☐ Addition		
TITLE			5.1 IIILE 5.2 NAME	ļ			
NAME expect annouses				TADDRESS			
STREET ADDRESS			5.4 CITY- 9	1			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
			I		1		

14. I 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 if changed, or on argentia true ment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

407-773-0338