

CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

1. Corporation Name HANNA BROTHERS, INC.		DOCUMENT # L 98807		DO NOT WRITE IN THIS SPACE	
Mailing Address 1965 SAN MARCO BLVD JACKSONVILLE FL 32207-3211		Principal Place of Business 1965 SAN MARCO BLVD JACKSONVILLE FL 32207-3211			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/11/90 3a. Date of Last Report 04/30/1996 4. FEI Number 59-3028675 5. Certificate of Status Desired \$8.75 ☐ \$138.75 ☒ 6. Election Company Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees 7. Nonprofit Exempt from Supplemental Fee ☐ 8. This corporation has liability for intangible tax under B. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent DANIEL D. AKEL ATTORNEY ONE INDEPENDENT DRIVE STE 2301 JACKSONVILLE FL 32202				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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.					
SIGNATURE _____ DATE _____ Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PD JOSEPH HANNA 10275 ST. AUGUSTINE RD #705 JACKSONVILLE FL 32257				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VST JOANNA HANNA 10275 ST. AUGUSTINE RD #705 JACKSONVILLE FL 32257				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				6.1 TITLE 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: JOSEPH HANNA <i>Joseph Hanna</i>				Date: 4/29/97 904 399-1306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	