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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT

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

~~1997~~ 1998

DOCUMENT # L98807
1. Corporation Name

HANNA BROTHERS, INC.

Principal Place of Business Mailing Address
1965 San Marco Boulevard Jacksonville, FL 32207-3211 **1965 San Marco Boulevard Jacksonville, FL 32207-3211**

3. Date Incorporated or Qualified **09-11-90** 3a. Date of Last Report **05-13-97**

2. Principal Place of Business 2a. Mailing Address **SAME** 4. FEI Number **59-3028675** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 26 City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Daniel D. Akel, Esquire
One Independent Drive, Suite 2301
Jacksonville, Florida 32202

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 Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Hanna	1.2 NAME	
STREET ADDRESS	10275 St. Augustine Rd. #705	1.3 STREET ADDRESS	900002514089--9
CITY-ST-ZIP	Jacksonville, Florida 32257	1.4 CITY-ST-ZIP	-05/06/98--01113--004
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanna Hanna	2.2 NAME	
STREET ADDRESS	10275 St. Augustine Rd. #705	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32257	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SL 4-22-98

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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Mortham - Vice-President 4/15/98* (904)399-1306

CR2E034 (9/96)