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Mar 07 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 # M69427 (6)

1. Corporation Name
THE HANFORD COMPANY, INC.



Principal Place of Business
4301 N. OCEAN BLVD.
1803A
BOCA RATON FL 33431
US

Mailing Address
4301 N. OCEAN BLVD.
1803A
BOCA RATON FL 33431-5364
US

3. Date Incorporated or Qualified
02/19/1988

3a. Date of Last Report
01/26/1996

2. Principal Place of Business
21 2575 So. Ocean Blvd.
Suite, Apt. #, etc.
22 304 South
City & State
23 Highland Beach, FL.
Zip
24 33487
Country
25 Palm Beach

2a. Mailing Address
26 2575 So. Ocean Blvd.
Suite, Apt. #, etc.
27 304 South
City & State
28 Highland Beach, FL.
Zip
29 33487
Country
30 Palm Beach

4. FEI Number
65-0083464

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

10. Name and Address of New Registered Agent

DICKENSON, DAVID B.
980 NO. FEDERAL HIGHWAY
SUITE 410
BOCA RATON FL 33432

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	11 TITLE	DR
NAME	HANFORD, THOMAS J.	12 NAME	THOMAS J. HANFORD
STREET ADDRESS	4301 N. OCEAN BLVD. 1803A	13 STREET ADDRESS	2575 So. Ocean Blvd. 304 South
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, unchanged, or on an attachment with an address.

SIGNATURE: 3/3/97 5612746615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)