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

14. I hereby certify that the information indicated on this auritial report officer or director of the company.

Block 12 or Block 13 if

Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # THE HANFORD COMPANY, INC. Principal Place of Business Mailing Address 2575 S OCEAN BLVD 2575 S OCEAN BLVD 304 SOUTH 304 SOUTH DO NOT WRITE IN THIS SPACE HIGHLAND BCH FL 33487 HIGHLAND BCH FL 33487 US US 3. Date Incorporated or Qualified 02/19/1988 2. Principal Place of Business 21 3401 N CCYG 2a. Mailing Address 4. FEI Number o I beilag 26 240 65-0083464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Ag 10. Name and Address of New Registered Agent 81 DICKENSON, DAVID B. 980 NO. FEDERAL HIGHWAY 82 **SUITE 410** 83 **BOCA RATON FL 33432** 84 City Zip Code sions of Sections 607,01:02 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the 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. Lam tarillas with and accept the orbitalities of Species 207 (2,05, Florida Statutes. Registered Agend signature required when reinstating) 12. OFFICERS AND DIRPOTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DETETE 1.1 THUE Change Addition HANFORD, THOMAS J. NAME 1.2 NAME 2575 S OCEAN BLVD 304 SOUTH STREET ADDRESS 1.3 STREET ADDRESS HIGHLAND BCH FL CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 THE THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 1/11/5 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 THTE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change \_\_ Addition TITLE NAME 5.2 NAME STREET ADDRESS 53 STHEET ADDRESS CITY-ST-ZIP 54 CITY - \$1 - 7IP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAMI STREET ADDRESS 6.3 STREL1 ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

ion 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an alien or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in