FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M73538

(4)

HANNAH - BARTOLETTA CONSTRUCTION, INC.								
Principal Place	of Business	Mailing Address				il (416 8381)	IBIS BEBUI BUBII BUBII BUBII INDE	
19001 SUNLAKE BLVD LUTZ FL 33549		19001 SUNLAKE BLVD Lutz Fl 33549						
U\$		US				3. Date incorporated or Qualified 03/18/1988		ite of Last Report 02/20/1995
Principal Place of Business Total		2a. Mailing Address 26			4. FEI Number 59-2879333		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Ζιρ 29	30	ntry		8. This corporation has liability for Florida Statutes	intangible s 🔲 No	tax under s. 199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New I	Registered	d Agent
				81	Name			
	HER, ALBERT C JR S AND KREISCHER			82 Street Ac		dress (P.O. Box Number is Not Accepta	ole)	
1407 W BUSCH BLVD				83				
TAMPA I	FL 33612			84	City		FI	85 Zip Code
or register	ed agent, or both, in the State of Fic th, and accept the obligations of, Se Signature typed or protect name of registered at	orida, Such change was auti ection 607,0505, Florida Stal	norized by the c ates	юця	oration's bo	oration submits this statement for the puard of directors. I hereby accept the applications are submitted to the public statement of the public statem	DATE	as registered agent. I am
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	
TITLE	DP DADTOLETTA JAMES M	☐ DELETE	‡ 1 Ti					Change Addition
NAME	BARTOLETTA, JAMES M. 19001 SUNLAKE BLVD			1.2 NAME 1.3 STHEE! ADDRESS				
STREET ADDRESS CITY - ST - ZIP	LUTZ FL		14 CITY - ST- ZIP					
TITLE	DVS			2 1 HTLE				Change Addition
NAME	HANNAH, CHARLES A.		2.2 NAME					
STREET ADDRESS	19001 SUNLAKE BLVD		2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	LUTZ FL		2 4 CI	24 CITY ST ZIP				
TITLE	☐ DELETE		3 1 1	3 1 TITLE				Change Addition
NAME.			3.2 N					
STREET ADDRESS					1 ADDRESS			
CITY-ST-ZIP TITLE		C DELETE	3 4 CI 4 1 1		F ZIF			☐ Change ☐ Addition
NAME			4.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST - ZIP			
TITLE				5 1 TillE				☐ Change ☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			53 S	REET	ADDRESS			
CITY - ST - ZIP			540	[Y-S	ST - Z-P			
TITLE	☐ DELETE		6 ! T	ΙŧιΕ	- 7			Change Addit on
NAME			6.2 N	4ME				
STREET ADDRESS			63\$	HHE:	ADDRESS			
CITY - ST - ZIP		na arang mga mga mga mga mga mga mga mga mga mg			ST-ZIP	·		
14. I do hereb	y certify that the information supplie	d with this filing is voluntarily	furnished and	doe	s not qualify	, for the exemption stated in Section 119	3.07(3)(k), f	Florida Statutes. I further

Ido 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 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 frustee 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 appear with an address.

SIGNATURE:

James M. Bartoletta.

(813)948-3747