SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M83434 (4)

1. Corporation Name
H.A.N. CORPORATION

Principal Place of Business
P.O. BOX 411
FERNANDINA BEACH FL 32034

Mailing Address
P.O. BOX 411
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2893395 ☐ 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

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

WILLIAMS, E.A.
1848 HIGHLAND DRIVE
FERNANDINA BEACH FL 32034

10. **Name and Address of New Registered Agent**
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, E.A.	1.2 NAME	
STREET ADDRESS	1848 HIGHLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, E.A.	2.2 NAME	
STREET ADDRESS	1848 HIGHLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, H.E.	3.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 213 H	3.3 STREET ADDRESS	4238 OYSTER BAY DRIVE
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	BLALOCK JR., R.N.	4.2 NAME	
STREET ADDRESS	101 N. 15TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: E. A. Williams 6/28/95 904-261-7118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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