

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M96038** (8)

1. Corporation Name
HANNAMAN, INC.

Principal Place of Business Mailing Address
105 87 AVE N 105 87 AVE N
ST PETE FL 33702 ST PETE FL 33702
US US

3. Date Incorporated or Qualified **08/26/1988** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2908003** Approved 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 § 199.032 Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

HANNAMAN, KATHLEEN
713 HILLSIDE DRIVE, SOUTH
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

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 607.05(1) 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 607.05(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is a natural person)

Signature of Registered Agent (if registered agent is a corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	HANNAMAN, TRACY
STREET ADDRESS	713 HILLSIDE DR. SO.
CITY, STATE, ZIP	ST. PETERSBURG FL
TITLE	PS
NAME	HANNAMAN, ROY F.
STREET ADDRESS	713 HILLSIDE DR. SO.
CITY, STATE, ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.071, 199.072, Florida Statutes. I further certify that the information reported 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of this report, or on an attachment with an address.

SIGNATURE: *Roy F. Hannaman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 813579-0235
Date Filing Number

