

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

FILED

Feb 18 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 # P24803

(9)

1. Corporation Name  
HANDEX OF FLORIDA, INC.

Principal Place of Business  
500 CAMPUS DRIVE  
PO BOX 451  
MORGANVILLE NJ 07751-8252

Mailing Address  
500 CAMPUS DRIVE  
PO BOX 451  
MORGANVILLE NJ 07751-0451



3. Date Incorporated or Qualified  
06/16/1989

3a. Date of Last Report  
05/30/1996

4. FEI Number  
59-2814845

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/V  
NAME SMITH, STUART G.  
STREET ADDRESS 500 CAMPUS DRIVE  
CITY-ST-ZIP MORGANVILLE NJ 07751-8252

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE C/D  
NAME SMITH, CURTIS LEE, JR.  
STREET ADDRESS 500 CAMPUS DRIVE  
CITY-ST-ZIP MORGANVILLE NJ 07751-8252

☒ DELETE

2.1 TITLE DC  
2.2 NAME Roger Eatman  
2.3 STREET ADDRESS 30941 Suneagle Dr.  
2.4 CITY-ST-ZIP Mt. Dora, FL 32757

☒ Change ☐ Addition

TITLE T  
NAME ST. JAMES, JOHN  
STREET ADDRESS 1761 ALLENWOOD ROAD  
CITY-ST-ZIP WALL NJ

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 500 Campus Dr.  
3.4 CITY-ST-ZIP Morganville, NJ 07751

☒ Change ☐ Addition

TITLE P/D  
NAME BANNON, GEORGE  
STREET ADDRESS 1741 EDGEWATER DR.  
CITY-ST-ZIP MT. DORA FL 32757

☐ DELETE

4.1 TITLE DV  
4.2 NAME George Bannon  
4.3 STREET ADDRESS 30941 Suneagle Dr.  
4.4 CITY-ST-ZIP Mt. Dora, FL 32757

☒ Change ☐ Addition

TITLE D  
NAME BRESNAN, THOMAS J.  
STREET ADDRESS 8 NORTHWOOD PL  
CITY-ST-ZIP COLTS NECK NJ

☒ DELETE

5.1 TITLE DP  
5.2 NAME Thomas Marr  
5.3 STREET ADDRESS 9454 Phillips Highway  
5.4 CITY-ST-ZIP Jacksonville, FL 32256

☒ Change ☐ Addition

TITLE S  
NAME GANN, GARY  
STREET ADDRESS 101 S ASHBY AVE  
CITY-ST-ZIP LIVINGSTON NJ

☒ DELETE

6.1 TITLE S  
6.2 NAME William E. Tabor, Jr.  
6.3 STREET ADDRESS 30941 Suneagle Dr.  
6.4 CITY-ST-ZIP Mt. Dora, FL 32757

☒ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

*William E. Tabor, Jr.* 2/5/97 (352) 735-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)