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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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	Mailing Address
500 CAMPUS DRIVE PO BOX 451 MORGANVILLE NJ 07751-8252	500 CAMPUS DRIVE PO BOX 451 MORGANVILLE NJ 07751-8252

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 30941 Suneagle Dr. Suite, Apt. #, etc. 22 City & State 23 Mt. Dora, FL Zip / Country 24 32757 / 25 Lake	2a. Mailing Address 26 30941 Suneagle Dr. Suite, Apt. #, etc. 27 City & State 28 Mt. Dora, FL Zip / Country 29 32757 / 30 Lake

3. Date Incorporated or Qualified: **06/16/1989**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EATMAN, ROGER		1.2 NAME		
STREET ADDRESS	30941 SUNEAGLE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	ST. JAMES, JOHN		2.2 NAME	William P. Mullins	
STREET ADDRESS	500 CAMPUS DR		2.3 STREET ADDRESS	500 Campus Dr.	
CITY-ST-ZIP	MORGANVILLE NJ		2.4 CITY-ST-ZIP	Morganville, NJ	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BANNON, GEORGE		3.2 NAME		
STREET ADDRESS	30941 SUNEAGLE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARR, THOMAS		4.2 NAME		
STREET ADDRESS	9545 PHILLIPS HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TABOR, WILLIAM E JR		5.2 NAME		
STREET ADDRESS	30941 SUNEAGLE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MY DORA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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.

William E. Tabor, Jr. - Secretary