

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:08

DOCUMENT # P28856 (3)

1. Corporation Name

HANSON PROPERTY MANAGEMENT, INC.

Principal Place of Business

%CENTER TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801

Mailing Address

%CENTER TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

02/22/1994

4. FEI Number

58-1872821

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

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

GREEN, TOM L
945 E. PACES FERRY RD.
ATLANTA GA

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

NAME

BLUNDON, JILL M
7430 KILMER DRIVE
MURRYSVILLE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

NAME

STAMARIS, KIM
945 E PACES FERRY ROAD
ATLANTA GA

STREET ADDRESS

CITY - ST - ZIP

TITLE

VC

NAME

HARLAND, JEFFREY
945 E. PACES FERRY RD.
ATLANTA GA

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

HEMPSTEAD, GEORGE H III
99 WOOD AVE S
ISELIN NJ

STREET ADDRESS

CITY - ST - ZIP

TITLE

C

NAME

BUCCARELLI, RICHARD
99 WOOD AVENUE SOUTH
ISELIN NJ

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

BUCCARELLI, RICHARD
99 WOOD AVENUE SOUTH
ISELIN NJ

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberly S Stamaris

2/17/95

404/231-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone