SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $228 (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

FILED
95 JUL 28 AM 7:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P33409** **(4)**

1. Corporation Name

J.A. HANNAH INVESTMENT ADVISORY SERVICE, INC.

Principal Place of Business	Mailing Address
50 FRANKLIN STREET SUITE 4 BOSTON MA 02110 US	50 FRANKLIN STREET SUITE 4 BOSTON MA 02110 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1991
3a. Date of Last Report: 10/27/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 04-3023431 ☐ 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

9. Name and Address of Current Registered Agent

HANNAH, CHARLES
11742 ESPRIT DR.
TAMPA FL 33647

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE	PC	11 TITLE	D	☐ Change XX Addition
NAME	HANNAH, JOHN A.	12 NAME	Hannah, Herbert	
STREET ADDRESS	259 SOUTH ST.	13 STREET ADDRESS	199 Hannah Drive	
CITY-ST-ZIP	MEDFIELD MA	14 CITY-ST-ZIP	Albertville, AL 35950	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	RECK, JOEL	22 NAME		
STREET ADDRESS	ONE FINANCIAL CENTER	23 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02111	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	XX Change ☐ Addition
NAME	FLYNN, SUSAN L.	32 NAME	Flynn, Susan L.	
STREET ADDRESS	650 LANDSDOWNE WAY	33 STREET ADDRESS	72 Key Street	
CITY-ST-ZIP	NORWOOD MA	34 CITY-ST-ZIP	Millis, MA 02054	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ALPERT, STEPHEN W.	42 NAME		
STREET ADDRESS	81 DRAPER ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	WAYLAND MA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LUND, JOHN D.	52 NAME		
STREET ADDRESS	13 MILLBROOK ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	WESTWOOD MA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FALLON, JOSEPH F.	62 NAME		
STREET ADDRESS	124 WELLESLEY ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	BELMONT MA 02178	64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Susan L. Flynn July 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Susan L. Flynn

0174402 FP