

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000011186 (2)

1. Corporation Name

HANKINS INFORMATION MANAGEMENT GROUP INC.

Principal Place of Business

Mailing Address

% JOHN A. HANKINS  
1542 KINGSLEY AVE. SUITE 136  
ORANGE PARK FL 32073  
US

% JOHN A. HANKINS  
1542 KINGSLEY AVE. SUITE 136  
ORANGE PARK FL 32073  
US



|                                |  |                        |  |   |  |                              |  |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report      |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 02/08/1993  |  | 05/01/1995                   |  |
| 22 City & State                |  | 27 City & State        |  | 4. FFI Number   |  | Applied For                  |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-3175247  |  | Not Applicable               |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired  |  | 8.75 Additional Fee Required |  |
|                                |  |                        |  | 6. Election Campaign Financing  |  | 5.00 May Be Added to Fees    |  |
|                                |  |                        |  | Trust Fund Contribution   |  |                              |  |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | Yes No                       |  |

9. Name and Address of Current Registered Agent

HANKINS, JOHN A  
1584 RODAN CT.  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1540 Silver Bell Lane  
83  
84 City Orange Park, FL 85 Zip Code 32073

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 Florida address

Signature typed or printed name of new registered agent and Florida address

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|----------------------|---|-----------------------|
| TITLE                      | D HANKINS, JOHN A    | 1.1 TITLE   |                       |
| NAME                       | 1584 RODAN CT.       | 1.2 NAME  |                       |
| STREET ADDRESS             | ORANGE PARK FL 32073 | 1.3 STREET ADDRESS                                    | 1540 Silver Bell Lane |
| CITY-STATE-ZIP             |                      | 1.4 CITY-STATE-ZIP                                    | Orange park, FL 32073 |
| TITLE                      |                      | 2.1 TITLE   |                       |
| NAME                       |                      | 2.2 NAME  |                       |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |                       |
| CITY-STATE-ZIP             |                      | 2.4 CITY-STATE-ZIP                                    |                       |
| TITLE                      |                      | 3.1 TITLE   |                       |
| NAME                       |                      | 3.2 NAME  |                       |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                       |
| CITY-STATE-ZIP             |                      | 3.4 CITY-STATE-ZIP                                    |                       |
| TITLE                      |                      | 4.1 TITLE   |                       |
| NAME                       |                      | 4.2 NAME  |                       |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                       |
| CITY-STATE-ZIP             |                      | 4.4 CITY-STATE-ZIP                                    |                       |
| TITLE                      |                      | 5.1 TITLE   |                       |
| NAME                       |                      | 5.2 NAME  |                       |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                       |
| CITY-STATE-ZIP             |                      | 5.4 CITY-STATE-ZIP                                    |                       |
| TITLE                      |                      | 6.1 TITLE   |                       |
| NAME                       |                      | 6.2 NAME  |                       |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                       |
| CITY-STATE-ZIP             |                      | 6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96

(904) 269-8604

Date

Daytime Phone

CR2E034 (12/95)