PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90115 009 ****50.00 06-10-1999 90018 014 ***100.00

DOCUMENT # P93000011186 HANKINS INFORMATION MANAGEMENT GROUP INC. Principal Place of Business Mailing Address % JOHN A. HANKINS % JOHN A. HANKINS 1542 KINGSLEY AVE. SUITE 136 1542 KINGSLEY AVE. SUITE 136 DO NOT WRITE IN THIS SPACE ORANGE PARK FL 32073 ORANGE PARK FL 32073 3. Date incorporated or Qualifed 02/08/1993 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3175247 Not Applicable 1279 Kingsley Ave 1279 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Suite Suite 11 5. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes the current year intangible □No 3207 3 u.s ☐ Yes Personal Property Tax. u. s 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HANKINS, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1540 SILVER BELL STREET **ORANGE PARK FL 32073** 83 Zio Code 84 City 85 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. DÂTE CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 12. Change Addition DELETE 1.1 TITLE D mile 1.2 NAME HANKINS, JOHN A NAME 1.3 STREET ADDRESS 1540 SILVER BELL LANE STREET ADDRESS ORANGE PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 HAVE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change OFLETE 3.1 TITLE mE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRES STREET ADDRESS 5 & CITY-ST-ZIP CITY-ST-ZIP Addition BI TINE DELETE TITLE 8.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

4-74-94 104-764 See 4