

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90167 045 ***150.00

DOCUMENT # P93000048770

1. Corporation Name
TALKING HANDS, INC.



Principal Place of Business

2008 PINOPOLIS RD
PINOPOLIS SC 29469
US

Mailing Address

P.O. BOX 94
PINOPOLIS SC 29469
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

59-3195886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7881 DANIEL ST

Suite, Apt. #, etc.

22 CAMP DENNISON, OH

City & State

23

Zip

24 45111

Country

25 USA

2a. Mailing Address

26 7881 DANIEL ST

Suite, Apt. #, etc.

27 CAMP DENNISON, OH

City & State

28

Zip

29 45111

Country

30 USA

9. Name and Address of Current Registered Agent

HANSEN, WILLIAM A
512 DUQUE ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

WILLIAM G. KITTREDGE

82 Street Address (P.O. Box Number is Not Acceptable)

8610 BONEBERRY CT

83

84 City

TAMPA

FL

85 Zip Code

33647

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 *William G. Kittredge*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

William G. Kittredge VP. 4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME HANSEN, W
STREET ADDRESS 2008 PINOPOLIS RD
CITY-ST-ZIP PINOPOLIS SC 29469

TITLE DS ☐ DELETE
NAME HANSEN, A
STREET ADDRESS 2008 PINOPOLIS RD
CITY-ST-ZIP PINOPOLIS SC 29469

TITLE DV ☐ DELETE
NAME SKAIRUS, PATRICIA E
STREET ADDRESS 6064 WHITSETT AVENUE, #306
CITY-ST-ZIP N. HOLLYWOOD CA

TITLE VP ☐ DELETE
NAME KITTREDGE, WILLIAM G II
STREET ADDRESS 3115 BARCELONA ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Hansen, William A.
1.3 STREET ADDRESS 7881 Daniel St.
1.4 CITY-ST-ZIP Camp Dennison, OH 45111

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME Hansen, Aveling K.
2.3 STREET ADDRESS 7881 Daniel St.
2.4 CITY-ST-ZIP Camp Dennison, OH 45111

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP ☒ Change ☐ Addition
4.2 NAME Kittredge, William G
4.3 STREET ADDRESS 8610 Boneberry Ct.
4.4 CITY-ST-ZIP Tampa, FL 33647

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 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, with all other like empowered.

SIGNATURE: *William G. Kittredge* K. Hansen, Sec. 4/30/99 (513) 576-0914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)