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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000084270 (6)

1. Corporation Name

HANSEN AND BOYD, INC.

Principal Place of Business

15025 SHARK STREET
HUDSON FL 34867

Mailing Address

15025 SHARK STREET
HUDSON FL 34867-3535

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3225926

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 9019 Jena Rd.

Suite, Apt. #, etc.

22 City & State

23 Spring Hill, Fl.

24 Zip

34608

Country

25 Hernando

2a. Mailing Address

26 9019 Jena Rd.

Suite, Apt. #, etc.

27 City & State

28 Spring Hill, Fl.

29 Zip

34608

Country

30 Hernando

9. Name and Address of Current Registered Agent

BOYD E. CHADWICK
9019 JENA RD
SPRING HILL FL 34608

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME HANSEN, DOROTHY E
STREET ADDRESS 15025 SHARK STREET
CITY-ST-ZIP HUDSON FL 34867

TITLE VSTD ☐ DELETE
NAME CHADWICK, BOYD E
STREET ADDRESS 9019 JENA ROAD
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ DELETE
NAME CHADWICK, SUSAN J
STREET ADDRESS 9019 JENA ROAD
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PTD
2.3 STREET ADDRESS CHADWICK, BOYD E.
2.4 CITY-ST-ZIP 9019 Jena Rd.
Spring Hill, Fl. 34608

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VSD
3.3 STREET ADDRESS CHADWICK, SUSAN J.
3.4 CITY-ST-ZIP 9019 Jena Rd.
Spring Hill, Fl. 34608

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 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:

Boyd E. Chadwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/30/97 (352) 686-6615
Daytime Phone #

CR2E034 (9/96)