

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

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 34687

Mailing Address

15025 SHARK STREET
HUDSON FL 34687-3535

2. Principal Place of Business

21 9019 Jena Pd.

Suite, Apt #, etc

22

City & State

23 Spring Hill, Fl.

Zip

24 34608

Country

25 Hernando

2a. Mailing Address

26 9019 Jena Pd.

Suite, Apt #, etc

27

City & State

28 Spring Hill, Fl

Zip

29 34608

Country

30 Hernando

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

05/01/1998

4. FEI Number

59-3225926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD E. CHADWICK
9019 JENA RD
SPRING HILL FL 34608

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, DOROTHY E	1.2 NAME	
STREET ADDRESS	15025 SHARK STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34687	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICK, BOYD E	2.2 NAME	
STREET ADDRESS	9019 JENA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICK, SUSAN J	3.2 NAME	
STREET ADDRESS	9019 JENA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Boyd E. Chadwick 4/30/97 (352) 686-6615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0452867

CR2E034 (9/96)