SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084270 (6)

HANSEN AND BOYD, INC.

Principal Place of Business		Mailing Address			mbini 18641 minin ilati inati NA31 f#81		
9019 JENA RD SPRING HILL FL 34608		9019 Jena RD Spring Hill Fl 34608		DO NOT WRITE IN	THIS SP ACE		
US		US	US		3. Date Incorporated or Qualified		
					12/09/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21	26			59-3225926	Not Applicable		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Sta	lo.		City & State		6 Floation Company Signature		
23		28	, ,		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	У	This corporation owes or has paid the Personal Property Tax due June 30.	e curr en t year Intangible Yes No	
1	9. Name and Address of Cur-				10. Name and Address of New Registe	ered Age nt	
BOYD E. CHADWICK				Name			
9019 JENA RD SPRING HILL FL 34608			82	Street Add	idress (P.O. Box Number is Not Acceptable)		
			83				
				City		FI 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NC	OTE: Registered		,	ATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	<u> </u>	
TITLE	PTD	DELETE	1.1 TITLE			Change Addition	
NAME	CHAPATION, DOTO E		1.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	pan,		1.4 CITY-S 2.1 TITLE	ST-ZIP		<u> </u>	
TITLE NAME			2.1 HILE			Change Addition	
STREET ADDRESS	4444 15114 5515			T ADDRESS			
	SPRING HILL FL		2.4 CITY-S				
CITY-ST-ZIP TITLE	OF SHITM THEE I'E	DELETE	3.1 TITLE	11210		Change Addition	
NAME		- Detele	3.2 NAME			Sincings incompet	
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY-S	T-ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		-	4.4 CITY-S	IT-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
MATE	I		E S MANAGE			:	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

CNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

9/20/90

252-686-6615

Change Addition

FILED

Oct 01 1998 8:00am

Secretary of State

1034 (5/38)