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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

ALLAN - HANKS DEVELOPMENT INC

DOCUMENT # **P94000029036**1. Corporation Name

Principal Place of Business 240 72ND AVE.

ST. PETERSBURG FL 33706

Mailing Address

240 72ND AVE.

ST. PETERSBURG FL 33706

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90139 038 ***150.00



DO NOT WRITE IN THIS SPACE

							1	orporated or Qualifed	j			
	•						04/15/1					
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Numl	ber			Applied For	
21		26					59-325	8783			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate	of Status Desired		·	5 Additional Required	
City & State	<u> </u>	City & Stat	Α	-			6 Floation (Campaign Financing	 :	`\$5.0	0 May Be	
23		28					Trust Fun	d Contribution		Adde	d to Fees	
Zip	Country	Zip					8. This corporation owes the current year Intangible			sc#1		
24 25 29 3								Personal Property Tax.				
	9. Name and Address of Current	Registered Agen	t				10. Name an	d Address of New	Registered /	Agent		
					81 Name							
	AN, JOHN R			ŀ	82	Street Address (P.O. Box Number is Not Acceptable)						
240	72ND AVE.	-			oz Guest Address (r. O. Dox Hamber is Not Novephasis)							
ST. I	PETERSBURG FL 33706				83			_		•		
					84	City	- Vario		FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Flo	rida Statutes	, the at	oove	-named corp	poration submits	this statement for the	e purpose of	changing	its registered	
office or r	egistered agent, or both, in the State o	t Florida. Such cha	ange was autr	nonzea	l by t	he corporati	tion's board of dire	ectors. I hereby acco	ept the appoir	ntment as	registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 60	r.uouo, Hiona	ล อเสแ	HES.							
SIGNATURE		- d Marit - a diamete	(MOTE) D	na etorod	Agont	nionatura mauin	red when reinstating)		DATE			
40	Signature, typed or printed name of registered agent		(NOTE: RE	13.	~goin	aignature requir		S/CHANGES TO O		D DIREC	TORS IN 12	
12.	OFFICERS AND DIRECTORS DELETE			1,1 TITLE			, , , , , , , , , , , , , , , , , , ,			Chang		
TITLE	_			1.2 NAME						_	_	
NAME	ALLAN, JOHN R			1								
STREET ADDRESS				1.3 STREET ADDRESS								
CITY-ST-ZIP	ST. PETERSBURG FL 33706		DELETE	1.4 CITY-ST-ZIP		-ZiP	· · · · · · · · · · · · · · · · · · ·			Chang	e Addition	
TITLE	D	Ц	DELETE	2.1 TT	ŢΕ					CT Cuané	je Addition	
NAME	HANKS, CLINTON			2.2 NA	ME						I	
STREET ADDRESS	240 72ND AVE.			2.3 ST	REET.	ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33706			2. 4 C	TY-S1	r-ZIP						
TITLE	D		DELETE	3.1 Ⅲ	LΕ		بالسياء ريبر	. "'		Chang	ge	
NAME	VAN EMBURGH, CARL	•	•	3.2 NA	ME.							
STREET ADDRESS				3.3 ST	REET.	ADDRESS						
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	1		3.4. CI	TY-ST	r-ZIP						
TITLE	THE THE OF THE OFFI		DELETE	4.1 Tf1		***				☐ Chang	ge Addition	
NAME	•	_		4, 2 N								
STREET ADDRESS				L		ADDRESS						
					TY-ST							
CITY-ST-ZIP			DELETE	5.1 TD		-ur			•	Chang	ge Addition	
TITLE				5.2 NA						'		
NAME						ADDRESS						
STREET ADDRESS				5.3 ST		1						
CITY-ST-ZIP			DEL CTC	5.4 CI		- 417				☐ Chang	ge Addition	
TITLE .		П	DELETE			-						
NAME				6.2 NA								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	,			6.4 CF								
14. I hereby	certify that the information supplied with	n this filing does no	t qualify for the	he exe	mptic	on stated in	Section 119.07(3)(i), Florida Statutes	. I further cer	tiry that th	e information	

14. I hereby certify that the information supplied with this filling 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 deepiver 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 the deep with a supplement with an address, with all other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/9

727 367 8139

Daytime Phone #