

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000036542 (6)

1. Corporation Name

THREE HATS HOLDING COMPANY, INC.



Principal Place of Business

Mailing Address

**73 NORTH ORLANDO AVE.
COCOA BEACH FL 32931**

**73 NORTH ORLANDO AVE.
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1325 N. Atlantic Ave.

26 1325 N. Atlantic Ave.

4. FEI Number

59-3248000

Applied For

Not Applicable

Suite, Apt., etc.

Suite, Apt., etc.

22 Suite 160

27 Suite 160

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Cocoa Beach FL

28 Cocoa Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32931

25 U.S.A.

29 32931

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RISSMAN, ANDREW R
73 NORTH ORLANDO AVE.
COCOA BEACH FL 32931**

81

RISSMAN, Andrew R.

82

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

1325 N. Atlantic Ave.

83

Suite 160

84

City Cocoa Beach

FL

85 Zip Code 32931

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 ☐ DELETE

**DP
NAME RISSMAN, ANDREW R
STREET ADDRESS 73 NORTH ORLANDO AVE.
CITY - ST - ZIP COCOA BEACH FL 32931**

TITLE ☐ DELETE

**DV
NAME RISSMAN, PATTI
STREET ADDRESS 73 NORTH ORLANDO AVE.
CITY - ST - ZIP COCOA BEACH FL 32931**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

**1325 N. Atlantic Ave. Suite 160
Cocoa Beach FL 32931**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**1325 N. Atlantic Ave. Suite 160
Cocoa Beach, FL 32931**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patti R. Rissman PATTI RISSMAN 8/5/96 (407) 784-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

CR2E034 (3/96)