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0506588

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90036 040 ***150.00

DOCUMENT # **P94000046078**

1. Corporation Name
HANDREN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5509 KING JAMES AVE LEESBURG FL 34748 US	5509 KING JAMES AVE LEESBURG FL 34748 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994

2. Principal Place of Business	2a. Mailing Address
21 5818 PRINCESS CAROLINE PL	26 5818 PRINCESS CAROLINE PL
Suite, Apt. #, etc. 22 ~~5818 PRINCESS CAROLINE PL~~	Suite, Apt. #, etc. 27
City & State 23 LEESBURG, FL	City & State 28 LEESBURG, FL
Zip / Country 24 34748 25	Zip / Country 29 34748 30

4. FEI Number: 59-3251075 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANDREN, ROBERT T JR ~~5509 KING JAMES AVE~~ ~~LEESBURG FL 34748~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 5818 PRINCESS CAROLINE PLACE 83 84 City LEESBURG FL 85 Zip Code 34748

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HANDREN, ROBERT T JR		1.2 NAME		
STREET ADDRESS	5509 KING JAMES AVE		1.3 STREET ADDRESS	5818 PRINCESS CAROLINE PL	
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANDREN, CHERYL C		2.2 NAME		
STREET ADDRESS	5509 KING JAMES AVE		2.3 STREET ADDRESS	5818 PRINCESS CAROLINE PL	
CITY-ST-ZIP	LEESBURG FL 34748		2.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Robert T. Handren ROBERT T. HANDREN, JR 4/28/99 (352)314-8829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #