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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090254 (1)

TONEE HAHNE, INC.

FILED May 04 1998 8:00am Secretary of State



District Dis						4			1 Billi Blut II B
Principal Place of Business Mailing Address								-	- '
3114 LAKE PINE WAY. E-2 3114 LAKE PINE WAY. E-									
TARPON SPRINGS FL 34689		TARPON SPRINGS FL 34689				DO NOT WRITE IN THIS SPACE			
						3. D	Date Incorporated or Qualified		
						1 (01/01/1995		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				El Number		Applied For
21		26							Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				1		60 7	5 Additional
22		27				b . 0	Certificate of Status Desired		Required
City & Stat	Θ	City & State				6. E	lection Campaign Financing	\$5.0	May Be
23		28					rust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	intry		8. T	his corporation owes or has paid th	e current year	Intangible
24	25 9. Name and Address of Currer	29	30				ersonal Property Tax due June 30.	X Yes	□No
				10. N	lame and Address of New Regist	ered Agent			
HAHNE, RITA A				81	Name				
	14 LAKE PINE WAY, E-2		82 Street Ad			ess (P.O). Box Number is Not Acceptable)		·
TA	RPON SPRINGS FL 34689								
				83					
				84	City			85 Zi	ip Code
								FL	
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 practed name of regulatered agent and title of empiricable (NOTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN		13.		- Grand Todale		DITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE .	PST	DELETE						Chang	
NAME	HAHNE, TONEE		1.2 N/	1.2 NAME 1.3 STREET ADDRESS				_ •	
STREET ADDRESS	3114 LAKE PINE WAY, E-2								
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1	1.4 CITY - ST - ZIP		T-7IP				
TITLE				2.1 TITLE				Chang	e Addition
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					1
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3.1 TITLE		" "			Chang	e Addition
NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. C						
TITLE		DELETE	4.1 10					Chang	e Addition
NAME			4. 2 N	AME				•	
STREET ADDRESS					ADDRESS				ł
CITY-ST-ZIP			4.4 CI						ŀ
TITLE		DELETE	5.1 1(1					Chang	e Addition
NAME		_	5.2 NA						
STREET ADDRESS					ADDRESS				ĺ
CITY-ST-ZIP			5.4 Cf						ļ
TITLE		☐ DELETE	5.4 CI 6.1 TII		- 411			☐ Change	e Addition
NAME			62 NA						
					AUDDECC				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			6.4 Ci	TY- \$1	T-ZIP				

14. I hereby carlify 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.