PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400090254

TONEE HAHNE, INC.

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90040 020 ***150.00



Mailing Address Principal Flace of Business 3114 LAKE PINE WAY, E-2 3114 LAKE PINE WAY, E-2 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 26 59-3287044 No Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, f.pt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Cou itry Zip 8. This corporation owes the current year Intangible Zip [XNo 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAHNE, RITA A Street A Idress (P.O. Bo Number is Not Acceptable) 82 3114 LAKE PINE WAY, E-2 **TARPON SPRINGS FL 34689** 83 Zip Code 85 84 City FL 11. Pursuant to the provisions of Sections 607.050? 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 a cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agen, and title if applicable (NOTE: Registered Agent signature required when reinstating; ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change **PST** DELETE 1.1 TITLE TITLE 12 NAME HAHNE, TONEE NAME 3114 LAKE PINE WAY, E-2 1.3 STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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 supplied with an similg does not qualify for the exemption stated in Section 119.07 (S)(f), Florida Statutes. Find the Certify that the first of made 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, from an attact ment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

25 April 1999

Change

☐ Addition

CR2E034 (11/98