Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90043 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017272

HANCOC	K & HANCOCK DESIGN ST	UDIO, INC.			4				
Principal Place of Business Mailing Address						T (##11##1 \$10 1#1## #ft)) #### ##########################			
1400 3 STREET SOUTH NAPLES FL 33940 1400 3 STREET SOUTH NAPLES FL 33940						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed 03/02/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				65-0565417	. No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5 Cartifaction (State Basinet	\$8.75 A	dditional	
22	·	27			-	5. Certificate of Status Desired Fee Required			
City & State	9	City & State			_	6. Election Campaign Financing	Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Country Zip			_	8. This corporation owes the current year			
		<u> </u>	p Co.			Personal Property Tax.	Yes	□No Ì	
24	25		30			10. Name and Address of New Registere			
Name and Address of Current Registered Agent					Name	70. (talle 21.a / 1.a			
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				82 83	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
				84	City	F			
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Such change was au	thonzed	hv '	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the submits of t	of changing its pointment as reg	registered gistered	
SIGNATURE								ļ	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Agen	t signature requ	uired when reinstating) DATE			
12.	OFFICERS AND		13.		_ `	ADDITIONS/CHANGES TO OFFICERS			
TITLE	P	☐ DELETE	1.1 ∄	ÎLΕ	ļ		☐ Change	☐ Addition	
NAME	HANCOCK, ANTANINA		1.2 N/	AME				ļ	
STREET ADDRESS	2324 HIDDEN LAKE DR., #608		1.3 \$1	REET	ADDRESS			ľ	
CITY-ST-ZIP	NAPLES FL 33962		1.4 CI	1.4 CITY-ST-ZIP					
TITLE	VP .	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	HANCOCK, JOHN			2.2 NAME					
STREET ADDRESS	· ·			2.3 STREET ADDRESS		*			
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY		T-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addiadii	
NAME	·		3.2 NAME						
STREET ADDRESS	RESS		3.3 S1	3.3 STREET ADDRESS				-	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP				
TITLE	<u> </u>	☐ DELETE	4.1 T/	πE			Change	Addition	
NAME			4.2 N	AME					

CITY-ST-ZIP 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 appress, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

πLE

NAME

DELETE

☐ DELETE

☐ Addition

☐ Addition

Change

Change