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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040829

1. Corporation Name

HANNAH CONSTRUCTION SERVICES, INC.

									[] 	
Principal Place of Business		Mailing Address	s							
105 POLK AVE. DUNDEE FL 33838		P.O. BOX 400	P.O. BOX 400 DUNDEE FL 33838							
		DUNDEE FL 3383				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qua	alifed			
		سيد تف⊯د ساد				05/22/1995				
2. Principal Pl	lace of Business	2a. Mailing Add	ress			4. FEI Number		1	olied For	
21	· · · · · · · · · · · · · · · · · · ·	26				<u>59-3315961</u>			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 🗌	\$8.75 A Fee Re	I	
22		27							<u></u>	
City & State		— <i>`</i>	City & State			6. Election Campaign Finar Trust Fund Contribution	cing 🗌	\$5.00 (Added to	- 1	
23) Zip	Country	Zip		Country		8. This corporation owes the	e current year in	_	21 000	
-	25	29	3	·		Personal Property Tax.	s content year in		X)No	
24	9. Name and Address of Curi			<u> </u>		10. Name and Address of I	lew Registered	Agent		
				81	Name				. [
	ens, robert			82	Street Ac	ddress (P.O. Box Number is Not A	cceptable)	_	_	
,	POLK AVE.				0.0007					
DUN	IDEE FL 33838			83						
				B4	City			85 Zip C	Code	
					i		FL	<u>- </u>		
	.to the provisions of Sections out .u	JOUZ MIN 007, 1000, FIOI	rida Statutes	, the above	e-named co	orporation aubitilia titia atatement i	i the purpose of			
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	igations of, Section 607	nge was auti 1,0505, Florid	la Statutes	the corpora	orporation submits this statement fration's board of directors."I hereby	accept the appo	intment as rec	gistered -	۔ ا
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 05, 1999 8:00 am Secretary of State

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05-05-1999 90097 001 ***150.00