

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000079072 (1)

1. Corporation Name

HANNA & HANNA, INC.



Principal Place of Business

254 LA MANCHA AVENUE  
ROYAL PALM BEACH FL 33411

Mailing Address

254 LA MANCHA AVENUE  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

21 1522 N. DIXIE HWY

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BEACH

Zip 33401

24 FLORIDA

Country

25 USA

2a. Mailing Address

26 1522 N. DIXIE HWY

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH

Zip 33401

29 FLORIDA

Country

30 USA

3. Date Incorporated or Qualified  
10/16/1995

3a. Date of Last Report  
N/A

4. FEI Number  
65-0613055

Applied For  
Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANNA, WALTER  
254 LA MANCHA AVENUE  
ROYAL PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Robert A. Hanna*  
Signature, typed or printed name of registered agent and Florida agent

*Sec/Treas.*  
(NOTE: Registered Agent Signature required when registering)

*4/29/96*  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HANNA, WALTER  
STREET ADDRESS 254 LA MANCHA AVE.  
CITY-STATE-ZIP ROYAL PALM BEACH FL 33401 ☐ DELETE

TITLE STD  
NAME HANNA, ROBERT  
STREET ADDRESS 1901 FLORIDA AVENUE  
CITY-STATE-ZIP ROYAL PALM BEACH FL 33401 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Robert A. Hanna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec/Treas.*

*4/29/96*  
DATE

*407 832 5700*  
Telephone #

CR2E034 (12/95)