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

FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P95000089790 (6) WAYNE HANNA, INC. Principal Place of Business Mailing Address 20 DUFFLE AVE PO BOX 158 GREENSBORO FL 32330 GREENSBORO FL 32330 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 292 DUFFLE 59-3347676 26 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State GREENS BOLO 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HANNA, WAYNE 20 DUFFLE AVE 82 Street Address (P.O. Box Number is Not Acceptable) **GREENSBORO FL 32330** 83 City 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition ñ 1.1 TITLE Change TITLE HANNA, WAYNE NAME 1.2 NAME PO BOX 158 N/A STREET ADDRESS 1.3 STREET ADDRESS **GREENSBORO FL 32330** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE HANNA, DORA NAME 2.2 NAME PO BOX 158 N/A STREET ADDRESS 2.3 STREET ADDRESS **GREENSBORO FL 32330** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

4. 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 eath; that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of chapter 607 are not attached to a part of the receiver or an attached to a part of the receiver or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of chapter 607.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

WAYNE HANNA

DELETE

Change

Addition