

• SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000005683 (3)

1. Corporation Name  
HANSEN, P.A.

Principal Place of Business  
1 W LLOYD ST  
PENSACOLA FL 32501

Mailing Address  
1 W LLOYD ST  
PENSACOLA FL 32501

FILED

97 SEP 30 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HANSEN, EDWIN  
1 W LLOYD ST  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *AS ABOVE* *Edwin Hansen* 9/8/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>C.P. EDWIN HANSEN</i>	1.2 NAME	
STREET ADDRESS	<i>1 W. LLOYD ST.</i>	1.3 STREET ADDRESS	<i>700002308757-3</i>
CITY-ST-ZIP	<i>PENSACOLA, FL, 32501</i>	1.4 CITY-ST-ZIP	<i>-10/01/97-01074-012</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<i>****165.00 ****165.00</i>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Edwin Hansen* SEPT. 8 - 1997 904-434-5414

CR2E034 (4/97)

(2)

SEPTEMBER 8, 1997

HANSEN , P.A.

ONE W. LLOYD ST.

PENSACOLA 32501

CHAIRMAN - REVIEW COMMITTEE

DIVISION OF CORPORATIONS

P.O. BOX 6327 , TALLAHASSEE

DEAR CHAIRMAN :

AFTER TALKING TO JASON, WHO ANSWERS CORPORATIONS QUESTIONS, I HAVE  
DECIDED TO WRITE YOU.

I RECEIVED THE MY FIRST ANNUAL REPORT PACKET FOR THIS YEAR, IN AUGUST .IT  
APPEARS IT IS OVER DUE ! I CALLED AND TALKED TO JASON ABOUT THE DATES.  
WE ARE SORRY WE DID NOT RECEIVE AND RETURN YOUR ANNUAL REPORT WITHIN  
THE TIME LIMIT. THIS IS MUCH WORK FOR SMALL FIRMS ! PLEASE EXPAND THE TIME  
TO TWO YEARS BETWEEN REPORTS !

YOUR CHARGE OF \$165, FOR THE NORMAL FILLING TIME, IS VERY HIGH FOR SMALL  
FIRMS. THIS IS MUCH MORE THAN THE \$70 THAT ALABAMA CHARGES SMALL FIRMS. IF  
WE ARE REQUIRED TO PAY ANY ADDITIONAL FEES, WE WILL HAVE TO GO OUT OF  
BUSINESS. PLEASE ACCEPT OUR \$165, WHICH IS DIFFICULT TO PAY ! WE HAVE \$35.00  
LEFT, WHICH WILL HAVE TO LAST TO OCTOBER .

SINCERELY,

EDWIN HANSEN