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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019409 (7)

THE HANCOCK PLACE, INC.

Principal Plac	e of Business	Mailing Address				######################################		
785 VISCAYA BLYD.		785 VISCAYA BLVD.						
ST. AUGUSTI	NE FL 32086	ST. AUGUSTINE FL 320	186		DO NOT WRITE IN	N THIS SPACE		
-					3. Date Incorporated or Qualified	THIS SI NOL		
					02/29/1996			
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For		
21		26		APPLIED FOR 59-34				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional			
22		27		5. Certificate of Status Desired	Fee Required			
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28	· -		Trust Fund Contribution	Added to Fees		
Zip Country		Zip Country		8. This corporation owes or has paid				
24	25	29	30		Personal Property Tax due June 30			
g, Name and Address of Current Registered Agent				Alama	10. Name and Address of New Regis	stered Agent		
	LES, JOSEPH L JR.		81	Name				
120 CHARLOTTE ST			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
, SI.	. AUGUSTINE FL 32084		83					
			0.3	'				
			84	City		FL 85 Zip Code		
dd Durauant	to the provisions of Postions 607 065	12 and CO7 1509 Florida Ctat	doc the obe	la parad a	orporation submits this statement for the pur	<u> </u>	d	
office or r	egistered agent, or both, in the State	: of Florida, Such change was	authorized b	y the corpo	ration's board of directors. I hereby accept t	pose of changing its registered the appointment as registered	d	
agent. La	m familiar with, and accept the oblig	ations of Section 607.0505, F	lorida Statute	IS.				
SIGNATURE	Signature, typed or printed name of registered age	All and total transition to alter burst true	III Panistared Ar	and eigneture re	quired when reinstating)	DATE	_	
12.		ID DIRECTORS	13.	pork algridiore ro	ADDITIONS/CHANGES TO OFFICE			
TITLE	VPST	DELETE	1.1 TITLE		ABBATOMOJOTATIOEO TO OTT IDEA	☐ Change ☐ Addit	tion	
NAME	Eu banks, Gerald		1.2 NAME					
STREET ADDRESS	785 VISCAYA BLVD.	. 1.3		T ADDRESS				
CITY-ST-ZIP	8T. AUGUSTINE FL 32086		1.4 CITY-	ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			Change Additi	tion	
NAME	Eubanks, Gerald		2.2 NAME					
STREET ADDRESS	785 VISCAYA BLVD.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 THLE			☐ Change ☐ Additi	tion	
NAME	•		3.2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 THLE			Change Additi	tion	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	t address				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change Additi	tion	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		D pc: 575	5.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change Addili	ion	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				

14. Thereby 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 of an attachment with an address.

FILED

May 01 1998 8:00am

Secretary of State