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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham .

Secretary o≨State

DIVISION OF CORPORATIONS

DOCUMENT #

P96000028120

Principal Place of Business

🖚 HANDEX HOLDINGS, INC

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State

30941 SUNEAGUE DRIVE MT DORA FL 32757 US		30941 SUNEAGLE DRIVE MT DORA FL 32757 US			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/26/1996	
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For
1		26				59-3379065	Not Applicable
2	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
,	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
4	Zip Country 25	Zip 29	30 Cou	intry	,	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible Yes 💢 No
	 9. Name and Address of Curre 	nt Registered Agent				10. Name and Address of New Registered	Agent
	CT CORPORATION SYSTEM			81	Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street Address (P.O. Box Number is Not Acceptable)			
	4			63			
(İ			64	City	FL	85 Zip Code
11	Pursuant to the provisions of Sections 607 050	12 and 607 1508 Florida Stat	tutes the al	2016	a-named corn	oration submits this statement for the nursose 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.

STREET ADDRESS

STREET ADDRESS

Signature, typed or prioted name of registered agent and title if applicable (NO/E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE XX Change Addition TITLE 11 TITLE CULBRETH, S.C. JR. CULBRETH, S.C. JR. NAME 1.2 NAME 8 EAST TOWER CIRCLE 52 SHARON ROAD STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL FAIRVIEW, NC 28730 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition **EATMAN, ROGER** NAME 2.2 NAME **2878 KILKIERANE DRIVE** STREET ADDRESS 2 3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE DISV TITLE 3.1 TITLE K Change Addition DTSV **BANNON, GEORGE** NAME **3.2 NAME** BANNON, GEORGE 15500 CEDAR BLUFF PLACE STREET ADDRESS 30941 SUNEAGLE DRIVE 3.3 STREET ADDRESS WEST PALM BEACH FL MT. DORA, FL 32757 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 81010101249745bange TITLE 6.1 TITLE -04/23/98--01013--032 NAME 6.2 NAME

4.3 STREET ADDRESS

CITY-ST-ZIP 64 CITY-ST-7IP 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 supply mental 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 busted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 in attachment with an address.

6.3 STREET ADDRESS

GEORGE BANNON, TREASURER, SECRETARY &

***150.00