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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051196 (9)

HOGAN HOLDINGS, INC.

**FILED** May 13 1997 8:00am Secretary of State

Change

Change

Change

Addition

Addition

Addition

Principal Place of Business	siness Mailing Address		r concent con come merce deric natit nacet nacit anne derin derin (coet dibin colin bila delic ball		
33 N. GARDEN SUITE 775 CLEARWATER FL 34615	33 N. GARDEN Suite 775 Clearwater Fl 34615				
			<ol> <li>Date Incorporated or Qualified</li> <li>06/14/1996</li> </ol>	3a. Date of Last Report	
2. Principal Place of Business 21 130 Willadel Drive	2a. Mailing Address 26 130 Willadel Drive		4. FEI Number 59–3390692	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State Belleair, FL	City & State Belleair, FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199 032	
24 34616 25	29 34616	D		Yes No	
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent	
BIONDI-SHANNON, JOANNE		81 Name	/ Bollea		
33 N. GARDEN					
SUITE 775		130 W	O Willadel Drive		
CLEARWATER FL 34615		83			
		84 City		as Zin Code	
	40	Belle	air	<b>FL</b>   <b>°</b> 34616	
11. Pursuant to the previsions of Sections 607.03 office or registrical agent, or both, in the Sta agent, it an familiar with, and advent the oblining the section of the section of the section of the section of the sec	5/4 and 607.1508, Florida Statutes, Id Florida Such change was aut Jukons of, Section 607.0505, Florid	the above-named co horized by the corpor Ja Statutes.	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE Styleams, typod or print of name of registered a	\ <i>\</i>	log stered Agent signature rec		DATE	
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	P	Change X Addition	
NAME		1.2 NAME	Terry Bollea		
STREET ADDRESS		1.3 STREET ADDRESS	130 Willadel Drive		
CITY-ST-ZIP		1.4 CITY-ST-7/P	Belleair, FL 34616		
TITLE	DELETE	2 1 117LE		Change Addition	
NAME	i	2 2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY - ST - ZIP			
TITLE	DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			

64 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 armual groot 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 cornoration or the receiver or trustee empoweded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 true chapter with an adoption.

3.4. CITY - \$1 - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CHY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TILLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

NAME

DELETE

DELETE

DELETE