SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085221\

HANRAHAN MAINTENANCE SERVICES, INC.

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90015 005 ***550.00



Principal Place of Business Mailing Address						r amaramar sim sørre ørrer amara motet genik melæt lener mrite tilbak tidde sidt i før	
1229 10TH STREET 1229 10TH STREET						· ·	
HOLLY HILL FL 32117 HOLLY HILL FL 32117						DO NOT WRITE IN THIS SPACE	
Ì						3. Date Incorporated or Qualified	
						10/15/1996	
2. Principal Place of Business 2a. Mailing Address			; ;			4. FEI Number Applied For	
21 26						59-3403747 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Э.			\$8.75 Additional	
27						5. Certificate of Status Desired Fee Required	
City & State City & State						Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution	
Zip	Country	Zip	Cou	Country		8. This corporation owes the current year	
24	25	29	30	30		Intangible Personal Property.	
	9. Name and Address of Cu	urrent Registered Agent				10. Name and Address of New Registered Agent	
LIAA	IDAHAN MANOV			81	Name		
HANRAHAN, NANCY				82	Street Add	eet Address (P.O. Box Number is Not Acceptable)	
1229 10TH STREET HOLLY HILL FL 32117							
LÍOL				83		,	
	N = 2		Ì	84	City	FL 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	l by t	the corpora	ition'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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require					equired when reinstating) DATE		
12.	OFFICERS	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELET	E 1.1 T/T	LE		Change Addition	
NAME	HANRAHAN, JEFFREY L		1.2 NAI	ME	1		
STREET ADDRESS	1229 10TH STREET		1.3 STR	REETA	DORESS		
CITY-ST-ZIP	HOLLY HILL FL 32117		1.4 CITY		ZIP		
TITLE	D	DELET	E 2.1 TIT	LE		Change Addition	
NAME	HANRAHAN, NANCY		2.2 NAM		1		
STREET ADORESS			2.3 STR	STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL FL 32117		2.4 CIT	CITY-ST-ZIP			
TITLE	DELETE 3.1		E 3.1 TITI	LE		Change Addition	
NAME			3.2 NA	ΜE			
STREET ADDRESS			3.3 STR	EETA	DORESS		
CITY-ST-ZIP			3.4 CIT	Y-ST-Z	ZIP		
TITLE		DELET	E 4.1 TITI	.E		Change Addition	
NAME			4.2 NAM	ИΕ			
STREET ADDRESS			4.3 STR	EET A	DDRESS		
CITY-ST-ZIP	·		4.4 CIT	Y-ST-Z	IP .		
TITLE		DELETE 5.1		.1 TITLE		Change Addition	
NAME			5.2 NAA	Æ			
STREET ADDRESS			5.3 STR	EET AI	DORESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	IP		
TITLE		DELETE	E 6.1 TITL	Ε.	,	Change Addition	
NAME			6.2 NAN	Æ			
STREET ADDRESS			6.3 STR	EETAI	DORESS		
CITY-ST-ZiP			6.4 CITY	Y-ST-Z	IP		

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 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:

9042556581