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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State-DIVISION OF CORPORATIONS

1999 DOCUMENT #P96000089316 (9)

1. Corporation Name

Hannah, Estes & Ingram, P.A.

Principal Place of Business

Mailing Address

37 N. Orange Avenue

P. O. Box 4974

Suite 300

Orlando, FL 32802-4974

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90022 040 ***158.75

Suite		_	Orlando,	FL 3	12	802-	497	4		DO I	NOT WRITE IN TH	HIS SPACE	·	
Orlan	do, FL 32801-242	5					3	3. Date	Incorporate	ed or	Qualifed			
									11	10	1/1996			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied					Applied For	
21		26						59	-3407	57	9	١	lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.									\$8.75	Additional	
22			27					i. Certi	fcate of Sta	itus L	Desired XX	Fee F	Required	
City & State			City & State					5. Flect	tion Campa	ian F	inancing	\$5.00) May Be	
·		28	•				"		Fund Con	_	- 11	•	to Fees	
23 Zip	- Country -	+	ip	Country	 V		8				**	_		
24					30			8:"This corporation owes the current year intangible Personal Property Tax.						
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
	51 110 2127.020 57 0411 of 1	.		81	1	Name								
Works C. D. Mayer					Robert A. Hannah									
Voght, G.B. McVay					2 Street Address (P.O. Box Number is Not Acceptable)							0.0		
225 East Robinson Street					3		37 N. Orange Avenue, Suite 300							
Suite 505, Landmark Center II					•									
Orlando, FL 32801-4303						84 City 85 Zip Code							Code	
			_^		1	0:	rla						801	
11. Pursuant	to the provisions of Sections 607.0502	and 607	.1508 Florida Statutes,	the abov	/e-r	named co	rporatio	on subn	nits this sta	teme	nt for the purpose	of changing it	s registered	
onice or r agent. I a	registered agent, or thoth, in the State of	ons of S	ection 607.0505, Florida	Statutes	7 un S.	e corpora	uon s c	Juaiu U	i directors.	i nere	by accept the app	Johnson as i	egistered	
SIGNATURE	(ለለፖ	HL T									21/99		
SIGNATURE	Stinature, typed or printer name of registered agent	and title if ap	oplicable. (NOTE: Re	gistered Age	ent si	ignature requ	ned when	reinstatin	ig)		DATE			
12.	OFFICERS AND	DIRECT	TORS	13.				ADDIT	FIONS/CHA	NGE	S TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE								🔀 Change	☐ Addition	
NAME	-			1.2 NAME		İ								
STREET ADDRESS	Hannah, Robert A	•		13 STREE	ET A[DDRESS	37	Ν.	Oran	σe	Avenue,	Suite	300	
CITY-ST-ZIP				14 CITY-S	\$T. 7	7IP					32801			
TITLE			X DELETE	2.1 TITLE							0_00_	Change	Addition	
NAME	D			2.2 NAME		٦ ر	Zoak	h+	G.B.	M	- veve	Delete		
STREET ADDRESS	Voght, G.B. McVa	Y	l				vogi	116,	G.D.	PIC	-vay	DCICCC		
	ESS - 2.3 S					TREET ADDRESS								
CITY-ST-ZIP			☐ DELETE	2.4 CITY-	ST-2	ZIP						Change	Addition	
TITLE	D		□ DELETE	31 TITLE		1						X) Change	Addition	
NAME	Estes, Michael A	•		3.2 NAME		-	- 3-7-	-N	-Orani	an	Avenue,	Suite	300	
STREET ADDRESS	·			3.3 STREE	ET AL	DORESS			do, F		32801	Durce	300	
CITY-ST-ZIP				3.4. CITY-5	ST-Z	ZIP	<u> </u>	Lanc	10, 1.		32001			
TITLE	a		☐ DELETE	4.1 TITLE								Change	Addition	
NAME				4. 2 NAME)	~ =		_		_			
STREET ADDRESS	Ingram, J. Charle	25		4.3 STREE	TAL	DDRESS					Avenue,	Suite	300	
CITY-ST-ZIP				4.4 CITY-S	ST-Z	IP .	Or.	Länd	lo, F	L	32801			
TITLE			☐ DELETE	51 TITLE								☐ Change	☐ Addition	
NAME				5.2 NAME										
STREET ADDRESS	1			5.3 STREE	TAD	DDRESS								
CITY-ST-ZIP				5.4 CITY-S	ST-Z	TIP								
TITLE			☐ DELETE	6.1 TITLE						•		Change	☐ Addition	
NAME				6.2 NAME		1								
STREET ADDRESS				6.3 STREE	TAC	DDRESS								
CITY-ST-ZIP				64 CITY-S										
14. I hereby o	L. certify that the information supplied with	this filing	does not qualify for the	e exempt	lion	stated in	Sectio	n 119.0	07(3)(i). Flo	rida S	Statutes, I further of	ertify that the	information	
indicated	on this annual report of supplemental a director of the corroration or the receiv or Block 13 if changed, botton an attach	nnual rej	port is true and accurate	e and tha	it m	ıy signatu	re shal	I have t	the same le	gal e	ffect as if made ur	nder oath; that	l am an	
Block 12	or Block 13 if charled, lor on an attach	er of trus nent with	n an address, with all of	aute≀t⊓isn Herlike ei	ep:	υπ as req. owered.	uirea b	у спар	nerou/, Fk	orida	olatutes; and that	my name app	oears in	
	/ IF VIIA IL	<i>-1</i> 1"		,										

SIGNATURE:

FICER OR DIRECTOR

407-481-9449

CR2E034 (11/98)