

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90031 002 ***158.75

DOCUMENT # P96000089316

1. Entity Name

HANNAH, ESTES & INGRAM, P.A.

Principal Place of Business

**37 N ORANGE AVE
 STE300
 ORLANDO FL 32801-2425**

Mailing Address

**P.O. BOX 4974
 ORLANDO FL 32802-4974**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3407579

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VOGHT, G. B. MCVAY
 225 EAST ROBINSON STREET
 SUITE 505, LANDMARK CENTER II
 ORLANDO FL 32801-4303**

7. Name and Address of New Registered Agent

Name **Robert A. Hannah**

Street Address (P.O. Box Number is Not Acceptable)

37 N. Orange Avenue, Suite 300

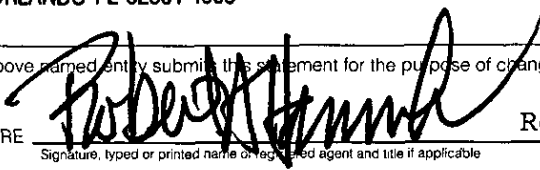
City **Orlando**

FL

Zip Code **32801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE



Robert A. Hannah, President

4/11/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

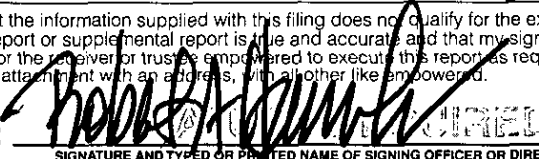
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNAH, ROBERT A	
STREET ADDRESS	37 N ORANGE AVE., STE 300	
CITY-ST-ZIP	ORLANDO FL 32801-4303	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM, J. CHARLES	
STREET ADDRESS	37 N ORANGE AVE., STE 300	
CITY-ST-ZIP	ORLANDO FL 32801-4303	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTES, MICHAEL	
STREET ADDRESS	37 N ORANGE AVE., STE 300	
CITY-ST-ZIP	ORLANDO FL 32801-4303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A. Estes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Hannah

4/11/2000

407-

481-9449

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE