

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90261 031 ***150.00

DOCUMENT # P97000008999

1. Corporation Name

HANNIBAL LOHMAN INCORPORATED

Principal Place of Business

5430 NORWOOD AVE
JACKSONVILLE FL 32208
US

Mailing Address

P O BOX 2735
JACKSONVILLE FL ~~32256~~ 32203
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

59-3233885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. 5532 Norwood Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26. Hannibal Lohman Inc
Suite, Apt. #, etc.

22. City & State

23. Jacksonville FL

24. 32208 Country

25. DUVAL

27. City & State

28. Jacksonville FL

29. 32203 Country

30. DUVAL

9. Name and Address of Current Registered Agent

WATKINS, RICHARD
8532 HUNTERS CREEK DRIVE NORTH
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81. Name

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

83.

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 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WATKINS, MARVA
STREET ADDRESS 8532 HUNTERS CREEK DR N
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VP ☒ DELETE

NAME FRISON, DANIEL
STREET ADDRESS 12648 WIMICA LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE T ☐ DELETE

NAME WATKINS, RICHARD
STREET ADDRESS 8532 HUNTERS CREEK DR N
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE C ☒ DELETE

NAME FRISON, MARILYN
STREET ADDRESS 12648 WIMICA LANE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE C ☒ DELETE

NAME MCMILLAN, VONCHE
STREET ADDRESS 7348 PEPPER CIR SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VP ☐ DELETE

NAME Jenkins, Ronald
STREET ADDRESS 3495 Wentworth Cir. W.
CITY-ST-ZIP Jacksonville FL 32277

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Richard Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999

Date

904 363-7296

Daytime Phone #

CR2E034 (11/98)