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 Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90172 007 ***150.00

DOCUMENT # P9700009599 1. Corporation Name

HAGER & COMPANY, INC.

|--|

		Mailing Address									
Principal Plac	ce of Business										
14 ELIZABETH	14 ELIZABETH LANE										
DAYTONA BEA	CH FL 32118	DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				-	
						01/27/1997					
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Apr	lied For	
27 275 8	3 S. PENINSULA DE	26 2758 5. Pt	ENIN	<u>150</u>	ILA DE	59-3437347		<u> </u>	Not	Applicable	
Suite, Apt. #, etc. 22 DAYTONA BEACH		Suite, Apt. #, etc.				5. Certifcate of Status Desired	sired \$8.75 Additional Fee Required				
City & Star		City & State			6. Election Campaign Financing \$5.00 May Be						
	IRUDA	28 6044 (04)				Trust Fund Contribution			ded to	Fees	
Zip	18 Is VolusiA	Zip		intry		8. This corporation owes the current ye			. 4	ZZALO.	
24 321	<u> </u>	<u> </u>	30	V O	MISIA	Personal Property Tax. 10. Name and Address of New Regist		Yes		No	
	9. Name and Address of Current	Registered Agent		81	Name		ered A	(gent			
TOU	ING, BRIAN R					YA					
	NO GRANDVIEW AVE.		82 Street Addr			ess (P.O. Box Number is Not Acceptable)					
	TONA BEACH FL 32118			83							
2710											
				84	City		FI	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove	e-named corpo	oration submits this statement for the purpo	se of c	hangir	ıg its ı	egistered	
office or i	registered agent, or both, in the State of	Florida, Such change was au	ithorized	i by :	the corporatio	in's board of directors. I hereby accept the	арроіп	tment	as reg	istered	
11. Pursuant to the provisions of sections but 7.002 and 607.1506, Florida Statutes, the above-trained corporation such statement of 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	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	Agent	t signature required	when reinstating) DA	TE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND				
TITLE	PTD .	☐ DELETE	1.1 TF	TLE				☐ Cha	nge	☐ Addition	
NAME	HAGER, A F		1.2 NA	ME							
STREET ADDRESS	, , ==.=				ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 32118	□ DELETE	_	TY-ST	-ZIP			Cha		Addition	
TITLE	VSD	☐ DELETE	2.1 TITLE 2.2 NAME						iige	L. Addition	
NAME	-HAGER, JOAN										
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 32118	☐ DELETE	2.4 C	ITY-S	T-ZIP			[] Cha	nge	Addition	
TITLE		- Deceme	3.2 NA						Ū	_	
NAME STREET ADDRESS					ADDRESS						
				ITY-SI	1						
CITY-ST-ZIP		☐ DELETE	4.1 TF		1-211			[] Cha	inge	Addition	
NAME			4.2 N								
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TT	TLE				Cha	inge	Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET	ADDRESS					1	
CITY-ST-ZIP			5.4 CI	TY-ST	-ZiP						
TITLE		☐ DELETE	6.1 TT	īΕ				☐ Cha	nge	☐ Addition	
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET	ADDRESS						
	I				- 7/B						

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR