## 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

## DOCUMENT # P97000099312

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90055 022 \*\*\*150.00

HANNON CONSULTING GROUP, INC.				
Division of Division of	Mailing Address			18119   <b>6106</b>   11101   11113   1111   1110
Principal Place of Business				
86 DUNBAR RD E PALM BEACH GARDENS FL 33418-6815  86 DUNBAR RD E PALM BEACH GARDENS FL 33418-6815		3418-6815		
			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	
			01/01/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			65-0795599	\$8.75 Additional
Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
22	State City & State			
City & State	State City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Country Zip Country		This corporation owes the current year In	
24 25	29 30	~ ·	Personal Property Tax.	Yes No
9. Name and Address of Current			10. Name and Address of New Registered	
		81 Name		
HANNON, JOHN R 86 DUNBAR RD E PALM BEACH GARDENS FL 33418-6815		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
		62 Street Ad	diress (P.O. Bux Number is Not Acceptable)	7.
		83		
		94 63.	_/	85 Zip Code
		84 City	/ Fl	_
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose of	f changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	i Fiorida. Such change was auth	nonized by the corpora	ation's board of directors. I hereby accept the appo	intment as registered
1 11	,		,	}
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requ		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	☐ DELETE	1.1 TITLE	MUSIDENT & CEO	☐ Change ☐ ★ddition
NAME		1.2 NAME	JOHN R. HANNON	
STREET ADDRESS		1.3 STREET ADDRESS	JE DUNBAK RO, EAST	-21/18
CITY-ST-ZIP	<del></del>	1.4 CITY-ST-ZIP	PALM BEACH GARDEN, FL	Change Addition
TITLE	☐ DELETE	2.1 TMLE	TROKIE L. HANNON.	Change
NAME		2.2 NAME	TROKIE L. HANNON.	
STREET ADDRESS		2 3 STREET ADDRESS	NC TOWN ROW ROW FAST	21000
CITY-ST-ZIP	C) DELETE		POLM BEACH GARDENS, F	Change Addition
TITLE	☐ DELETE	3.1 TITLE		
NAME		3.2 NAME	•	
STREET ADDRESS		3.3 STREET ADDRESS		Ì
CITY-ST-ZIP		3.4. CITY-ST-ZIP	<u> </u>	Change Addition
TITLE	□ nei ete	A A TITLE		
NAME	☐ DELETE	4.1 TITLE		Clisige Linduition
STREET ADDRESS	DELETE	4, 2 NAME	•	
CITY-ST-ZIP	DELETE	4. 2 NAME 4.3 STREET ADDRESS	•	Clienge C Addition (
TITLE		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
NAME		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
NAME STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-ST-ZIP		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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 receive 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 attackent with an address, with all other like empowered.

**SIGNATURE:**