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 # **S96849**

1. Corporation Name HAN-MART, INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90019 039 ***150.00



					# #		
Principal Place of Business	Mailing Address	ling Address					
608 South Deane Duff ave Clewiston FL 33440	608 SOUTH DEANE DUFF AVE CLEWISTON FL 33440				_		
			DO NOT WRITE IN THIS SPACE				
e de la companya de l				3. Date Incorporated or Qualifed 11/25/1991			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
·	26			65-0304929		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required	
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Country			This corporation owes the current year Personal Property Tax.	Intangible Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, MARJORIE H. 608 SOUTH DEANE DUFF AVENUE		81	Name				
		82	Street Addres	t Address (P.O. Box Number is Not Acceptable)			
CLEWISTON FL 33440		83					
		84	City	F	L 85	Zip Code	
11. Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State	2 and 607.1508, Florida Statutes, the a	above ed by	e-named corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap-	of changir pointment	ng its registered 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition DELETE 1.1 TITLE Change TITLE MARTIN. CURVIN S NAME 1.2 NAME 608 S DEANE DUFF AVE 1.3 STREET ADDRESS STREET ADDRESS **CLEWISTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE **VPS** MARTIN, MARJORIE H NAME 2.2 NAME 608 S DEANE DUFF AVE 2.3 STREET ADDRESS STREET ADDRESS **CLEWISTON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 311TILE TITLE MARTIN, CURVIN S NAME 3.2 NAME 608 S DEANE DUFF AVE 3.3 STREET ADDRESS STREET ADDRESS **CLEWISTON FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE MARTIN, MARJORIE H 4.2 NAME NAME 608 S DEANE DUFF AVE 4.3 STREET ADDRESS STREET ADORESS **CLEWISTON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRÉSS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

941-983-8608

CR2E034 (11/98)