

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90079 036 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # V30165

1. Corporation Name
HANDERBERG & DARING, INC.

Principal Place of Business

6240 S. TEX POINT
HOMOSASSA FL 34448
US

Mailing Address

6240 S. TEX POINT
HOMOSASSA FL 34448
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|--------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 8915 S. SUNCOAST BLVD | | 26 8915 S. SUNCOAST BLVD | | 04/21/1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3118130 | |
| City & State | | City & State | | Applied For | |
| 23 HOMOSASSA FL | | 28 HOMOSASSA FL | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 34446 | | 29 34446 | | 30 | |
| Country | | Country | | 8.75 Additional Fee Required | |
| 25 | | 30 | | 8. 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 | |

9. Name and Address of Current Registered Agent

SCHLUMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER FL 34429

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|-----------------------|
| TITLE | ST | 1.1 TITLE | Change Addition |
| NAME | NABER, BETTE JO | 1.2 NAME | |
| STREET ADDRESS | 6240 S. TEX POINT | 1.3 STREET ADDRESS | 8915 S. SUNCOAST BLVD |
| CITY-ST-ZIP | HOMOSASSA FL | 1.4 CITY-ST-ZIP | HOMOSASSA FL 34446 |
| TITLE | P | 2.1 TITLE | Change Addition |
| NAME | NABER, HAROLD P. | 2.2 NAME | |
| STREET ADDRESS | 6240 S. TEX POINT | 2.3 STREET ADDRESS | 8915 S. SUNCOAST BLVD |
| CITY-ST-ZIP | HOMOSASSA FL | 2.4 CITY-ST-ZIP | HOMOSASSA FL 34446 |
| TITLE | VP | 3.1 TITLE | Change Addition |
| NAME | RODRICK, DOUGLAS B. | 3.2 NAME | |
| STREET ADDRESS | 6240 S. TEX POINT | 3.3 STREET ADDRESS | 8915 S. SUNCOAST BLVD |
| CITY-ST-ZIP | HOMOSASSA FL | 3.4 CITY-ST-ZIP | HOMOSASSA FL 34446 |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

Deegee Bodrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-99 352-382-1001

CR2E034 (11/98)