

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90097 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P25769

1. Corporation Name
HANCOR, INC.



Principal Place of Business
**401 OLIVE STREET
 FINDLAY OH 45840**

Mailing Address
**401 OLIVE STREET
 FINDLAY OH 45840**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1989

4. FEI Number

34-1034349

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 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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	<input checked="" type="checkbox"/> DELETE
NAME	HERMAN, DAIL	
STREET ADDRESS	401 OLIVE STREET	
CITY-ST-ZIP	FINDLAY OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, DAVID	
STREET ADDRESS	401 OLIVE STREET	
CITY-ST-ZIP	FINDLAY OH	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	HAUGHAWOUT, JOHN	
STREET ADDRESS	401 OLIVE STREET	
CITY-ST-ZIP	FINDLAY OH	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	HAUZIE (ASST. SEC.)	
STREET ADDRESS	401 OLIVE STREET	
CITY-ST-ZIP	FINDLAY OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROGER, PHILLIP	
STREET ADDRESS	401 OLIVE STREET	
CITY-ST-ZIP	FINDLAY OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ERNEST, CHRIS	
STREET ADDRESS	401 OLIVE STREET	
CITY-ST-ZIP	FINDLAY OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN ANDERSON
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEVEN ANDERSON
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RACHEL RANSON
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

415424-8208

Date Daytime Phone #

CR2E034 (11/98)