FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J58347** **(2)**

1. Corporation Name
THE HAMILTON GROUP LIMITED, INC.

Principal Place of Business	Mailing Address
4810 EXECUTIVE PARK COURT JACKSONVILLE FL 32216	4810 EXECUTIVE PARK COURT JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/23/1987**
3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2819147** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPC	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES P., JR.	1.2 NAME	
STREET ADDRESS	552 PONTE VEDRA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	☐ Change ☐ Addition
NAME	MARINATOS, ANTHONY	2.2 NAME	
STREET ADDRESS	5396 OAK BAY DRIVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VC	3.1 TITLE	☐ Change ☐ Addition
NAME	SOLIAH, GLEN	3.2 NAME	
STREET ADDRESS	4429 OAK BAY DRIVE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	KEIRSTEAD, ALLAN G.	4.2 NAME	
STREET ADDRESS	28 LONGFELLOW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLYOKE, MA 01040	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	WYATT, BRUCE H.	5.2 NAME	
STREET ADDRESS	11 BITTERSWEET LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILBRAHAM, MA 01095	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	☐ Change ☐ Addition
NAME	MASCARO, CARMEN J.	6.2 NAME	
STREET ADDRESS	23 HARVEST HILL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST SIMSBURY CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: C J Mascaro C.J. Mascaro Asst Treas 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) Daytime Phone #

0018683 CP