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 # P98000076117

1. Corporation Name

HAMSHER ENTERPRISES, INC.

Principal f	Place of	Business
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Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90052 001 ***150.00

	128TH TER GO FL 3377	RRACE NORTH 3	9608 128TH TERRACE NOI LARGO FL 33773	RTH							NOT W		N THIS	SPACE	<u> </u>		7
						1	3.		ncorp 1/19:		or Qualif	ed					
2. Principal Place of Business 2a. Mailing Address							FEIN	lumbe	7	0	DA	\overline{I}		App	lied For]	
21	26								<u> 9 -</u>	<u>-33</u>	28	<u>80'</u>	<u> </u>			Applicable	
22	Suite, Apt. i	.#, etc. Suite, Apt. #, etc.					5.	Certi	fcate o	Statu	s Desired	t []			dditional jui <u>red</u>	
	City & State	,	City & State				6.		ion Car		Financi	ng [3		.00 n	May Be Fees	
	Zip	Country 25	Zip 29	Zip Country			8.	8. This corporation owes the current year Intangible Personal Property Tax.									
9. Name and Address of Current Registered Agent							10.	Nam	e and	Addre	ss of Ne	w Regi	stered	Agent]
	. 0				81	Name											1
LOVELACE, WILLIAM K 2310 WEST BAY DRIVE					82	Street Add	dress (F	P.O. B	ox Nun	nber is	Not Acc	eptable))				1
	LARG	60 FL 33770			83												1
				Į	84	City							FL	85	Zip C	ode	1
11.	office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	authorized	l by ti	named cor he corporat	rporation tion's b	n subr oard o	nits this f direct	s stater ors. 1 h	ment for ereby ac	the purpocept th	pose of	changi ntment	ng its r as reg	egistered istered	
SIG	NATURE	Signature, typed or printed name of registered agent				signature requir	ired when r	reinstatin	ng)				DATE				
12.		OFFICERS AND		13.				ADDIT	IONS/	CHANG	GES TO	OFFIC	ERS AN	ID <u>DIŖ</u> I	ECTO	RS IN 12] {
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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 suppliemental annual peoprt 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: