

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G83273

**FILED  
Mar 12, 2019  
Secretary of State  
5248102245CC**

**Entity Name:** EVERGLADES NATIONAL PARK BOAT TOURS, INC.

**Current Principal Place of Business:**

C/O SAMMY HAMILTON, JR.  
815 COPELAND AVENUE S  
EVERGLADES CITY, FL 34139

**Current Mailing Address:**

C/O SAMMY HAMILTON, JR.  
P.O. BOX 119  
EVERGLADES CITY, FL 34139

**FEI Number:** 59-2483370

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMILTON, JR., SAMMY  
SR 29 CHOKOLOSKEE CAUSEWAY  
EVERGLADES, FL 34139 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HAMILTON, JR., SAMMY  
Address COPELAND AVE.  
City-State-Zip: EVERGLADES CITY FL

Title S  
Name HAMILTON, BRENDA L  
Address 815 COPELAND AVE  
City-State-Zip: EVERGLADES CITY FL 34139

Title T  
Name HAMILTON, JOE  
Address COPELAND AVENUE  
City-State-Zip: EVERGLADES CITY FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMMY HAMILTON, JR.

**PRESIDENT**

**03/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date