

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000002939

**FILED**  
**Mar 22, 2021**  
**Secretary of State**  
**2359546750CC**

**Entity Name:** HAMLIN AND BURTON LIABILITY MANAGEMENT, INC.

**Current Principal Place of Business:**

220 E. CENTRAL PARKWAY, SUITE 2070  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

220 E. CENTRAL PARKWAY, SUITE 2070  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 65-0888422

**Certificate of Status Desired:** No

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

LIFEBOAT REGISTERED AGENTS, LLC  
3700 SOUTH CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812 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:** JAMES FLICK

03/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name HAMLIN, PAUL B  
Address 220 E. CENTRAL PARKWAY, SUITE 2070  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP, SECRETARY  
Name HAMLIN, ALVIN C  
Address 220 E. CENTRAL PARKWAY, SUITE 2070  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP, T  
Name KACHRIS, THEODORE L  
Address 220 E. CENTRAL PARKWAY, SUITE 2070  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** PAUL B. HAMLIN

P, D

03/22/2021

Electronic Signature of Signing Officer/Director Detail

Date