

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90293 043 ***150.00

DOCUMENT # 124410

1. Entity Name
HAMBY INVESTMENT COMPANY



Principal Place of Business
**3714 MCGIRTS BLVD
JACKSONVILLE, FL 32210-4335**

Mailing Address
**3714 MCGIRTS BLVD
JACKSONVILLE, FL 32210-4335**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0280115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEBB, ROBERT A
1913 GREENWOOD AVE
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEBB, ROBERT
STREET ADDRESS 1913 GREENWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VDAS
NAME CARTER, JANE M
STREET ADDRESS 2895 MORMANDY DRIVE NW
CITY-ST-ZIP ATLANTA, GA

TITLE O
NAME TAYLOR, JAMES S (ASST)
STREET ADDRESS ATLANTIC NAT. BK. BLDG.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD
NAME HEBB, JANE
STREET ADDRESS 1913 GREENWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

3891175

Daytime Phone #