**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:06

DOCUMENT # **171837** **(8)**

1. Corporation Name
**HAMILTON & WHITE INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 4825 LAS LOMAS DR<br>SARASOTA FL 34231 | 4825 LAS LOMAS DR<br>SARASOTA FL 34231 |

DO NOT WRITE IN THIS SPACE.

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 01/07/1953 | 05/01/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 59-0691722 — ☐ 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

**WHITE, ELEANOR H**
**4825 LAS LOMAS DR**
**SARASOTA FL 33581**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 | S | 11 TITLE | ☐ Change ☐ Addition |
| NAME | WHITE, HARRY G | 12 NAME | |
| STREET ADDRESS | 2846 NEW ENGLAND ST | 13 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 14 CITY-ST-ZIP | |
| TITLE | PTD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WHITE, ELEANOR | 22 NAME | |
| STREET ADDRESS | 4825 LAS LOMAS DR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 24 CITY-ST-ZIP | |
| TITLE | V | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CAMPBELL, EDWINA | 32 NAME | |
| STREET ADDRESS | 6900 TEMA CIR | 33 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | RINGLING, SARA | 42 NAME | |
| STREET ADDRESS | 2318 COLLEGE ST | 43 STREET ADDRESS | |
| CITY-ST-ZIP | JUNCTION TX | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | NAUGHTON, CYNTHIA | 52 NAME | |
| STREET ADDRESS | 3618 OCEAN PINES AVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | BERLIN MD | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | SCOTT, FRANCIS L | 62 NAME | |
| STREET ADDRESS | 4825 LAS LOMAS DR | 63 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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:** Eleanor H. White 6/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Eleanor H White

018443 FP