

DOCUMENT # 548101

1. Entity Name
HAMLET CONSTRUCTION COMPANY

Principal Place of Business Mailing Address
4260 NE 35 ST 4260 NE 35 ST
OCALA FL 32670 Ocala FL 32670

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

VAN DE VEN, WILLIAM C.
4260 N.E. 35TH ST.
OCALA FL 32670

4. FEI Number **59-1771242** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	VADE VEN, WILLIAM C	4125 S.E. 24TH ST	OCALA FL	
ST	VAN DE VEN, CATHERINE M.	4125 S.E. 24TH ST	OCALA FL	
P	VANDEVEN, HARVEY	3821 S.E. 21ST PLACE	OCALA FL	
ST	MANNELIN, DONNA J	4609 N E 20TH CT	OCALA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C. Mannelin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90048 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

1/4/01 352-236-3355
Date Daytime Phone #