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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 621135

(3)

HAMILTON MARINE, INC.

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May 14 1997 8:00am	1
Secretary of State	



										
rincipal Plac	ce of Business	Mailing Addres	\$			a immilia fielta feficialitate.		iriikaa iikaa iikaa	., 4:81: 4:4:	*****
8 4TH ST SV	W	228 4TH ST SW								
o. Box 504 Inter haven	N FL 33990	P.O. BOX 504 WINTER HAVEN (FL 33882-0504	ı						
***************************************	11 12 00000	US		•		3. Date incorporated	or Qualified	3a. Date	e of Last F	Report
						05/08/1979		04/18	3/1996	
. Principal F	Place of Business	2a. Mailing Add	Iress		***************************************	4. FEI Number			A	oplied For
]		26				59-1908079			No	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #	, etc.			5. Certificate of Status	s Desired			Additional
<u> </u>		[27]				O. COMMONIC OF CHARGE			Fee R	equired
City & Stat	to	City & State				6. Election Campaign	_	-		May Be
1		28		Country		Trust Fund Contribu		<u> Ц</u>		to Fees
Zip T	Country	Zip		Country		8. This corporation ha				199.032
<u> </u>	25	[29] Current Registered Agent	30	<u> </u>		Florida Statutes 10. Name and Addres		Yes	·	
		COLLEGE HONISTONES MARKET		81	Name	IV. Halle alle Acets	OF ULITON INCL	Prototo A	Y0111	
	AILTON, W.H. JR									
	4TH ST SW			82	Street Add	lress (P.O. Box Number is I	Not Acceptab	le)		
WIN	TER HAVEN FL 33880			83						
				84	City	<u> </u>		 -	B5 Zip	Code
								FL		
	to the provisions of Sections 6 registered agent, or both, in th am familiar with, and accept th		nge was auth 7.0505, Florida	orized by a Statutes	the corpora	ition's board of directors. I	nereby accep			
IGNATURE	Signarine typed or printed name of region	stored agent and tillo it applicable.		egistered Age		red when reinstating)		DATE		
IGNATURE	Signative, typed or printed name of regis	stored agent and title if applicable. RS AND DIRECTORS	(NOTE Re	egistered Age				DATE ERS AND I	DIRECTO	RS IN 12
ignature 2. Ile	Signative lapsed or printed name of region OFFICE	stored agent and title if applicable. RS AND DIRECTORS		egistered Age 13. 1.1 TiTLE		red when reinstating)		DATE ERS AND I		RS IN 12
IGNATURE 2. THE	Signar we typed or privated name of region OFFICE P HAMILTON, W.H. JR	stored agent and title if applicable. RS AND DIRECTORS	(NOTE Re	13. 1.1 TITLE	nt signature requ	red when reinstating)		DATE ERS AND I	DIRECTO	RS IN 12
IGNATURE 2. ILE AME REET ADDRESS	Signar recipied or printed name of region OFFICE P HAMILTON, W.H. JR 228 4TH ST SW	stored agent and title if applicable. RS AND DIRECTORS	(NOTE Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	red when reinstating)		DATE ERS AND I	DIRECTO	RS IN 12
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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 sostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Black 13 if changed, or on an attackment with an address.