

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
 95 MAY -1 AM 9:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROCHAIRMAN
 1995



DOCUMENT # **685637** (1)

L.F. HAMLIN, INC.

Principal Office: * L.F. HAMLIN, 14085 E. PARSLEY DR., MADEIRA BCH FL 33708
 Mailed Address: * L.F. HAMLIN, 14085 E. PARSLEY DR., MADEIRA BCH. FL 33708

3. Date incorporated (or reorganized): **08/27/1980**
 3a. Date of last report: **05/01/1994**
 4. FE Number: **59-2050676**
 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. Any change in responsibility for filing this form under Florida Statutes: Yes No

2. Mailed address: 26. Mailed address:
 21. Date of report: 27. Date of report:
 22. City: 27. City:
 23. State: 28. State:
 24. Zip: 25. Zip: 29. Zip: 30. Zip:

9. Name and Address of Current Registered Agent: **HAMLIN, L.F., 14085 E. PARSLEY DR., MADEIRA BCH. FL 33708**
 10. Name and Address of New Registered Agent:
 B1 Name:
 B2 Street Address (P.O. Box Number is Not Acceptable):
 B3:
 B4 City: **FL** B5 Zip Code:

11. I, the undersigned, the president of the firm, do hereby certify that I am duly qualified to file this report for the purpose of changing its registered office or registered agent in 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 an officer and a director of the corporation of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO REGISTERED OFFICE OR TO REGISTERED AGENT	
NAME: PD HAMLIN, L.F.	ADDRESS: 14085 E. PARSLEY DR. MADEIRA BCH. FL	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	3. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	5. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	6. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	8. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	9. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: _____	ADDRESS: _____	10. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge, true and correct, and that I am duly qualified to file this report for the purpose of changing its registered office or registered agent in 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 an officer and a director of the corporation of the State of Florida.

SIGNATURE: *L.F. Hamlin* **L.F. HAMLIN** 5/1/95 813/393-1905
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR