FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

2-1095 - B-1038-C

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 FEB 10 PM 2:02

DOCUMENT # 703687 (4)

1. Corporation Name
HAMPTON HOUSE, INC.

Principal Place of Business	Mailing Address
2311 N E 36TH ST LIGHTHOUSE PNT FL 33064	2311 N E 36TH ST LIGHTHOUSE PNT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1962
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2446610 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

WALKER, MASON
2311 NE 36TH ST
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, MASON	1.2 NAME	
STREET ADDRESS	2311 NE 36TH ST #2-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, EDGAR T	2.2 NAME	
STREET ADDRESS	2311 NE 36 ST #1C	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHT HOUSE POINT FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	FORRESTER, ANNE M	3.2 NAME	
STREET ADDRESS	2311 NE 36 ST #2-E	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	ROQUE, IDA	4.2 NAME	
STREET ADDRESS	2311 NE 36TH ST # 1-E	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHERWOOD, ROBERT	5.2 NAME	
STREET ADDRESS	2311 NE 36TH ST. #1-E	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mason Walker (MASON WALKER) 2/3/95 (305) 784-9204
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0040083