

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703687

1. Corporation Name

HAMPTON HOUSE, INC.

Principal Place of Business

Mailing Address

2311 N E 36TH STREET
STE 2-G
LIGHTHOUSE PNT FL 33064
US

2311 N E 36TH STREET
STE 2-G
LIGHTHOUSE PNT FL 33064
US

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 009 ****61.25



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

03/08/1962

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

9. Name and Address of Current Registered Agent

BOCHONOK, PETER A
2311 N E 36TH STREET, #2-G
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 617.0502 and 617.1508, 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 617.0503, 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

TITLE DP ☐ DELETE

NAME BOCHONOK, PETER

STREET ADDRESS 2311 N E 36TH STREET, #2-G

CITY-ST-ZIP LIGHTHOUSE PT. FL 00000 33064

TITLE DVP ☐ DELETE

NAME ANDERSON, ED

STREET ADDRESS 2311 N E 36TH STREET, #1-C

CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE DS ☐ DELETE

NAME MORANTO, RENA

STREET ADDRESS 2311 NE 36TH STREET, #2-C

CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE DT ☐ DELETE

NAME ROGUE, IDA

STREET ADDRESS 2311 NE 36TH ST #1F

CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE D ☐ DELETE

NAME COTTRELL, THELMA

STREET ADDRESS 2311 N E 36TH STREET, #1-D

CITY-ST-ZIP LIGHTHOUSE PT FL 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Peter A. Bochonok 7/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #