FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

828372

(3)

THE C. & W. HAMPTON COMPANY

FILED
Jan 21 1998 8:00am
Secretary of State



(ويراسرار

i i incipai mac	e or business	Mailing Address				• • •	
% WADE L.		% WADE L. HAMPTON					
3986 BOULEVARD CENTER DRIVE JACKSONVILLE FL 32207 US		3986 BOULEVARD CENTER DRIVE JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE		
		US	,		3. Date Incorporated or Qualified		
					07/26/1972		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21 26					59-1361980	h 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22					5. Certificate of Status Desired		lequired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees
Zip	Country	Country		ntry	8. This corporation owes or has paid the current year Intangible		tangible
24	9. Name and Address of Current Registered Agent			Personal Properly Tax due June 30. Yes No			□No
		ent Registered Agent		241	10. Name and Address of New Registers	d Agent	
	MPTON,WADE L		ľ	B1 Name			
3986 BOULEVARD CENTER DR				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32207				00			
1				83			
				84 City		85 Zip	Code
44 Diversional		500 - 4007 (F00 F) - 1 O			F		
office or re	to the provisions of Sections 607.05 egistered agent, or b oth, in the Sta	502 and 607.1508, Florida Statute te of Florida. Such change was a	es, the ab luthorized	ove-named cor by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing it poointment as	ts registered registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Statu	tes.		- p	regioterett
SIGNATURE	Signature typed or printed name of registered a	4/37/					
12.		ND DIRECTORS	13.	Agent signature requ	aired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIDECTOR	OC IN 10
TITLE	PTD	DELETE	1.1 1111	E	ADDITIONS/GHANGES TO OFFICERS AI	Chânge	Addition
NAME	HAMPTON, WADE L		1.2 NAM	AE			
STREET ADDRESS	3986 BOULEVARD CENTER	DR	1	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			r-ST-ZIP			
TITLE	VD	☐ DÉLETE	2.1 TITL			Change	Addition
NAME	HAMPTON, W ADE		2.2 NAN	1E			
STREET ADDRESS	4411 MILAM ROAD		2.3 STR	EET ADDRESS			İ
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CIT	Y-ST-ZIP	·		ĺ
TITLE	S DELETE		3.1 TITL	E		Change	☐ Addition
NAME	HAMPTON, CELESTE K		3.2 NAN	IE .			
STREET ADDRESS	3986 BOULEVARD CENTER	DR	3.3 STR	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP			
TITLE	D HAMPTON CELECTE V	DELETE	4 1 Ti1L	E		Change	☐ Addition
NAME	HAMPTON, CELESTE K.	no.	4. 2 NA				
STREET ADDRESS	3986 BOULEVARD CENTER JACKSONVILLE FL	υπ		EET ADDRESS]
CITY+ST-ZIP TITLE	VACACOUNTILLE FL	DELETE	_	- ST - ZIP			
		☐ OFFEIF	5.1 TITE			Change	☐ Addition
NAME etocct about ce			5.2 NAM	ŀ			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		-ST-ZIP		Change	Addition
NAME			6.1 TITU	ľ		☐ Change	☐ Addition
STREET ADDRESS			62 NAM				
City-St-ZIP				ET ADDRESS			
14 I bereby co	ertify that the information supplied	with this filing does not qualify for	the even	-ST-ZIP notion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the	information
indicated of	on this annual report or supplemen	tal annual report is true and accu	rate and	that my signati	ure shall have the same legal effect as if made u	inder oath; the	at I am an
Block 12 o	or Block 13 if changed, on on an att	achment with an address.	xecute thi	a report as red	ure shall have the same legal effect as if made to juried by Chapter 607, Florida Statutes; and that	. rriy name app	pears in
					_		