

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90013 038 ***550.00

DOCUMENT # 828372

1. Corporation Name

THE C. & W. HAMPTON COMPANY

Principal Place of Business

% WADE L. HAMPTON
3986 BOULEVARD CENTER DRIVE
JACKSONVILLE FL 32207
US

Mailing Address

% WADE L. HAMPTON
3986 BOULEVARD CENTER DRIVE
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1972

4. FEI Number

59-1361980

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2909 Iroquois Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 2909 Iroquois Avenue
Suite, Apt. #, etc.

City & State

23 Jacksonville, Florida

Zip Country

24 32210 25 USA

City & State

28 Jacksonville, Florida

Zip Country

29 32210 30 USA

9. Name and Address of Current Registered Agent

HAMPTON, WADE L
3986 BOULEVARD CENTER DR
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name (address change only)

82 Street Address (P.O. Box Number is Not Acceptable)
2909 Iroquois Avenue

83

84 City Jacksonville

FL

85 Zip Code 32210

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

TITLE **PTD** ☐ DELETE
NAME **HAMPTON, WADE L**
STREET ADDRESS **3986 BOULEVARD CENTER DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE
NAME **HAMPTON, W ADE**
STREET ADDRESS **4411 MILAM ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☒ DELETE
NAME **HAMPTON, CELESTE K**
STREET ADDRESS **3986 BOULEVARD CENTER DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **HAMPTON, CELESTE K.**
STREET ADDRESS **3986 BOULEVARD CENTER DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
address only

1.2 NAME
1.3 STREET ADDRESS **2909 Iroquois Avenue**
1.4 CITY-ST-ZIP **Jacksonville, Florida 32210**

2.1 TITLE **VSD** ☒ Change ☐ Addition
title only

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 607, 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: Wade L. Hampton, President

May 25, 1999

(904) 538-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Please not change of address. This form reached me this morning.

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CR2E034 (11/98)