

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90057 037 ***150.00

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DOCUMENT # F12261

1. Corporation Name

C & A HAMILTON, INC.

Principal Place of Business

815 SOUTH ORANGE BLOSSOM TRAIL
C/O ALAN HAMILTON
ORLANDO FL 32805

Mailing Address

815 SOUTH ORANGE BLOSSOM TRAIL
C/O ALAN HAMILTON
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1980

4. FEI Number

59-2049405

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 2314 E. Harding Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 2314 E. Harding Ave
Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32806

Country

25 USA

Zip

29 32806

Country

30 USA

9. Name and Address of Current Registered Agent

HAMILTON, CAROLYN
2314 E. HARDING AVE.
ORLANDO, FL
32806

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

TITLE ☐ DELETE

NAME STD
HAMILTON, CAROLYN
STREET ADDRESS 2314 E HARDING
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ DELETE

NAME PVD
HAMILTON, ALAN
STREET ADDRESS 2314 E HARDING
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

Carolyn Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 407/898-3414

CR2E034 (11/98)