


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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004950 (8)

1. Corporation Name
HAMPTON JITNEY, INC.

Principal Place of Business
395 COUNTY ROAD 39A, SUITE 6
SOUTHAMPTON NY 11968

Mailing Address
395 COUNTY ROAD 39A, SUITE 6
SOUTHAMPTON NY 11968

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1997

4. FEI Number
11-2330835

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DUEMLER, R. LEIGH
3461 BONITA BAY BLVD, SUITE 105
BONITA SPRINGS FL 34134

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPT
NAME LYNCH, J. BRENT
STREET ADDRESS 395 COUNTY ROAD 39A, SUITE 6
CITY-ST-ZIP SOUTHAMPTON NY 11968 ☐ DELETE

TITLE VCVS
NAME LYNCH, JERED ANN
STREET ADDRESS 395 COUNTY ROAD 39A, SUITE 6
CITY-ST-ZIP SOUTHAMPTON NY 11968 ☐ DELETE

TITLE D
NAME BAER, HENRY P
STREET ADDRESS 395 COUNTY ROAD 39A, SUITE 6
CITY-ST-ZIP SOUTHAMPTON NY 11968 ☐ DELETE

TITLE D
NAME LITTLE, BRIAN
STREET ADDRESS 630 FIFTH AVE
CITY-ST-ZIP NEW YORK NY 10111 ☐ DELETE

TITLE V
NAME MANKOFF, DAVID J
STREET ADDRESS 395 COUNTY ROAD 39A, SUITE 6
CITY-ST-ZIP SOUTHAMPTON NY 11968 ☐ DELETE

TITLE V
NAME COOKE, BRIAN
STREET ADDRESS 395 COUNTY ROAD 39A, SUITE 6
CITY-ST-ZIP SOUTHAMPTON NY 11968 ☐ DELETE

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.

SIGNATURE:  DAVID MANKOFF

3-1698 516-283-4600

CR2E034 (10/97)