

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1995-1996

400.00

FILED

96 MAR 28 AM 10:25

DOCUMENT # H31969

1. Corporation Name  
**Hampton & Hampton Inc**  
Principal Place of Business  
**1224 S. A1A  
Flagler Bch, FL.**  
Mailing Address  
**P.O. 1865  
Flagler Bch, FL  
32136**

2. Principal Place of Business  
21 **1224 S. A1A**  
Suite, Apt #, etc  
22  
City & State  
23 **Flagler Bch, FL**  
Zip  
24 **32136**  
Country  
25 **Flagler**  
26 **P.O. 1865**  
Suite, Apt #, etc  
27  
City & State  
28 **Flagler Bch, FL**  
Zip  
29 **32136**  
Country  
30 **Flagler**

3. Date Incorporated or Qualified  
**12-27-84**  
3a. Date of Last Report  
4. FEI Number  
**59-2473733**  
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LISA Lee Hampton  
P.O. 851 1224 S. A1A  
Flagler Bch, FL 32136**  
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 *Lisa Lee Hampton* 3-23-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Hampton LISA Lee</b>	<input type="checkbox"/> DELETE
NAME	<b>1520 S. Flagler Ave Pres.</b>	
STREET ADDRESS	<b>Flagler Bch, FL 32136</b>	
CITY - ST - ZIP		
TITLE	<b>Hampton Catherine Lynn</b>	<input type="checkbox"/> DELETE
NAME	<b>1520 S. Flagler Ave</b>	
STREET ADDRESS	<b>Flagler Bch, FL 32136</b>	
CITY - ST - ZIP		
TITLE	<b>Love, Frank</b>	<input type="checkbox"/> DELETE
NAME	<b>1444 S. Central</b>	
STREET ADDRESS	<b>Flagler Bch, FL</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

**8/25/95 administrative dues was due to a processing error. Therefore, corp was returned to active status with the filing of this AR + payment of FF totaling \$400. -**

**let 3/28**

100001761111  
-03/28/96--01060--001  
\*\*\*\*400.00 \*\*\*\*400.00

**let 3/28**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: *Lisa Lee Hampton* Lisa Lee Hampton 3-23-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)