


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90051 046 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H58747**

1. Corporation Name

**F. M. HAMILTON INVESTMENT CO.**

Principal Place of Business

**3069 E. CARRIGAN CANYON DR.  
SALT LAKE CITY UT 84109  
US**

Mailing Address

**P.O. BOX 58717  
SALT LAKE CITY UT 84158-0717**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/16/1985**

4. FEI Number

**59-2537231**

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 1788 Hubbard Ave.**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**24 84108 25 Country 29 30**

9. Name and Address of Current Registered Agent

**HEINTZELMAN, VIRGINIA  
2655 LAKE SHORE DR  
ORLANDO FL 32803**

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

*Virginia H. Heintzelman*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**27 Jan 1999**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMILTON, FINLEY M.</b>	
STREET ADDRESS	<b>3069 CARRIGAN CANYON</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, MARILYN H.</b>	
STREET ADDRESS	<b>3069 CARRIGAN CANYON</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	

TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>TOBLER, JENNIFER</b>	
STREET ADDRESS	<b>3069 CARRIGAN CANYON</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LINTON, JANE</b>	
STREET ADDRESS	<b>2001 BROWNING AVE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>IVANCOUCH, JOYCE</b>	
STREET ADDRESS	<b>342 RUMA RANCHO AVE</b>	
CITY-ST-ZIP	<b>PORTERVILLE CA</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REDMOND, CASEY</b>	
STREET ADDRESS	<b>3069 E CARRIGAN CANYON DR</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84109</b>	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**STD**

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:

*Jennifer Tobler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/99**

Date

**801-487-4048**

Daytime Phone #

CR2E034 (11/98)