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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H59058

(8)

DONALD R. HAMPTON, ARCHITECT, P.A.

FILED Apr 10 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				<u> </u>	
% DONALD R. HAMPTON 863 LEIGH AVE		% DONALD R. HAMPI 853 LEIGH AVE	ron				
ORLANDO FL 32804-2214 US		ORLANDO FL 32804-2 US	214	-	3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal F	Prace of Business	2a. Mailing Address			05/24/1985 4. FEI Number	03/05/1996 Applied Fo	
1		26		ŀ	59-2545338	Not Applic	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
Crty & Stat		City & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
_ Zφ ¬	Country	Zip	Country		8. This corporation has liability for i		
4	[25]	29	30			Yes No	
	9. Name and Address of Curr	rent Registered Agent	64 41		10. Name and Address of New Re	gistered Agent	
HAMPTON, DONALD R. 953 LEIGH AVE ORLANDO FL 32804			81 Na	me			
			82 St	eet Addres	s (P.O. Box Number is Not Acceptab	le)	
			83 84 Ci	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	B5 Zip Code	
			•• ••	,		FL FL FD COUCE	
SIGNATURE	1	AND DIRECTORS	(NOTE: Registered Agent sig	alure required	when reinstaling) ADDITIONS/CHANGES TO OFFIC		
TITLE	P	DELETE				L. Change L. Ad	
NAME	HAMPTON, DONALD R.		1.2 NAME				
STREET ADDRESS	953 LEIGH AVE ORLANDO FL 32804	1.	1.3 STREET ADDR	ESS			
CHY+ST+ZIP HILE	ORLANDO FL 32804	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change Ad	
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NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDR	ree l			
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RITLE		DELETE				Change Ad	
N4Mé			3.2 NAME				
STHEET ADDRESS			3.3 STREET ADDR	ESS			
DHY-S1 ZP			3.4. CITY-ST-ZH				
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	1		4. 2 NAME				
STREET ADDRESS		L. Detti	4. 2 NAME 4.3 STREET ADDR	ESS			
			4.3 STREET ADDR 4.4 City-St-Zip	ESS			
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DITY-ST-ZIP HYLE NAME STREET ADDRESS			4.3 STREET ADDR 4.4 CITY - ST - ZIP 5.1 TITLE			☐ Change ☐ Ad	
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STREET ADDRESS CITY-ST-7/P TIFLE NAME STREET ADDRESS CITY-ST-7/P TIFLE			4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE			Change Ad	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE	ESS	,		

4. I do 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 a Block 13 if chapter 6, or on an attachment with an address.

SIGNATURE:

407-644-26a