

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J86892** (3)

1. Corporation Name

**HAMILTON INSURANCE AGENCY, INCORPORATED**



Principal Place of Business

**5507 ALHAMBRA  
ORLANDO FL 32808**

Mailing Address

**5507 ALHAMBRA  
ORLANDO FL 32808**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**HAMILTON, MARCIA  
5507 ALHAMBRA DR  
ORLANDO FL 32808**

3. Date Incorporated or Qualified

**08/06/1987**

3a. Date of Last Report

**04/25/1995**

4. FEI Number

**59-2897698**

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

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 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 type for block 12 or 13 (delete if not applicable)

Signature type for block 13 (delete if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P  
HOWE, JENNIFER**  
STREET ADDRESS **11428 ARIES DRIVE**  
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **T  
HOWE, NOEL**  
STREET ADDRESS **11428 ARIES DR.**  
CITY-STATE-ZIP **ORLANDO FL 32837**

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JENNIFER HOWE 04-17-96 407-295-5900**

Date

Daytime Phone #

CR2E034 (12/95)