FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 27 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28709 (9)

1. Corporation Name
JACK HAMEL AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% STANLEY A. GOLDSMITH 1605 MAIN STR. STE 1001 SARASOTA FL 34236 US	% STANLEY A. GOLDSMITH 1605 MAIN STR. STE 1001 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1988
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 2150 Ben Franklin Dr.
Suite, Apt. #, etc. 22
City & State 23: Sarasota, Fl.
Zip 24: 34236 Country 25: US

2a. Mailing Address
26 P.O. Box 325
Suite, Apt. #, etc. 27
City & State 28: McIntosh, Fl.
Zip 29: 32664-0325 Country 30: US

4. FEI Number: 65-0063626 ☐ 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

GOLDSMITH, STANLEY A.
1605 MAIN ST
SUITE 1001
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Karyn H. White
82 Street Address (P.O. Box Number is Not Acceptable): 6100 Avenue F
83
84 City: McIntosh FL 85 Zip Code: 32664

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: Karyn H. White — Karyn H. White, President — 3/12/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, KARYN H	1.2 NAME	
STREET ADDRESS	6100 AVE F	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACINTOSH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SHENKO, ANN MARIE	2.2 NAME	
STREET ADDRESS	2150 BEN FRANKLIN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, THORNE N.	3.2 NAME	
STREET ADDRESS	6100 AVENUE F	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACINTOSH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Karyn H. White — Karyn H. White — 3/12/95 — (904) 591-1326
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0340662 CR