FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # **K28709** **(9)**

1. Corporation Name

JACK HAMEL AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2150 BEN FRNAKLIN DR ~~1605 MAIN STR. STE 1001~~ SARASOTA FL 34236 US	~~P.O. BOX 625~~ ~~1605 MAIN STR. STE 1001~~ ~~MCINTOSH FL 32664-0625~~ ~~US~~

3. Date Incorporated or Qualified: **07/11/1988**
3a. Date of Last Report: **03/27/1995**

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

2. Principal Place of Business	2a. Mailing Address
21 2150 BEN FRANKLIN DR	26 101 BEN FRANKLIN DR
22 Suite, Apt. #, etc.	27 STE 10-S
23 City & State: SARASOTA, FLORIDA	28 City & State: SARASOTA, FLORIDA
24 Zip: 34236 / 25 Country: USA	29 Zip: 34236 / 30 Country: USA

9. Name and Address of Current Registered Agent

KARYN, H. W
6100 AVE F
~~SUITE 1001~~
MCINTOSH FL 32664

10. Name and Address of New Registered Agent

81 Name: JACK S. HAMEL
82 Street Address (P.O. Box Number is Not Acceptable): 101 BEN FRANKLIN DR
83: SUITE 10-S
84 City: SARASOTA, FL 85 Zip Code: 34236

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: Jack S. Hamel — JACK S. HAMEL, DIRECTOR — JANUARY 30, 1996
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	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITE, KARYN H		1.2 NAME	JACK S. HAMEL	
STREET ADDRESS	6100 AVE F		1.3 STREET ADDRESS	101 BEN FRANKLIN DR	
CITY-ST-ZIP	MACINTOSH FL		1.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34236	
TITLE	VP	☐ DELETE	2.1 TITLE	D/P/V/S/T	☒ Change ☐ Addition
NAME	SHENKO, ANN MARIE		2.2 NAME	SHENKO, ANN MARIE	
STREET ADDRESS	2150 BEN FRANKLIN DR		2.3 STREET ADDRESS	2150 BEN FRANKLIN DR	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34236	
TITLE	VP	☒ DELETE	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		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Jack S. Hamel — JACK S. HAMEL — JANUARY 30, 1996 — (941) 388-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #