

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

DOCUMENT # **K33884** (3)

1. Corporation Name

PALM PAVILION, INC.



Principal Place of Business

**10 BAY ESPLANADE
CLEARWATER BEACH FL 34630**

Mailing Address

**10 BAY ESPLANADE
CLEARWATER BEACH FL 34630**

3. Date Incorporated or Qualified
09/23/1988

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

59-2919888

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

10. Name and Address of New Registered Agent

**HAMILTON, KENNETH G.
10 BAY ESPLANADE
CLEARWATER BEACH FL 34630**

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

Kenneth G. Hamilton

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
HAMILTON, KENNETH G.
10 BAY ESPLANADE
CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
HAMILTON, DALE H.
385 MANDALAY AVE. #3
CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
HAMILTON, HOYT P.
1316 EASTFIELD DR.
CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT
HAMILTON, WADE B.
1516 BEVERLY DR.
CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HAMILTON, HOWARD G.
909 BAY ESPLANADE
CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Kenneth G. Hamilton Kenneth G. Hamilton

Date

Daytime Phone #

446-8642

CR2E034 (12/95)