

**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**  
**Apr 30, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **K59940** (2)

1. Corporation Name  
**FIRST HAMILTON CORPORATION**



Principal Place of Business	Mailing Address
C/O JOHN C. HAMILTON 2266 SR 200 FERNANDINA BEACH FL 32035-6105 US	P O BOX 6105 2266 SR 200 FERNANDINA BCH FL 32035-6105 US

3. Date Incorporated or Qualified <b>01/23/1989</b>	3a. Date of Last Report <b>04/27/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>C/O John C. Hamilton</b>	26 <b>P.O. Box 6105</b>
Suite, Apt. #, etc. 22 <b>833 T.J. Courson Rd</b>	Suite, Apt. #, etc. 27 <b>833 T.J. Courson Rd</b>
City & State 23 <b>Fernandina Bch FL</b>	City & State 28 <b>Fernandina Bch FL</b>
Zip Country 24 <b>32034 USA</b>	Zip Country 29 <b>32035-6105 USA</b>

4. FEI Number <b>59-2925901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HAMILTON, JOHN C.**  
**2266 SR 200**  
**FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name <b>HAMILTON, JOHN C.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>833 T.J. Courson Rd</b>
83
84 City <b>Fernandina Bch</b>
85 Zip Code <b>FL 32034</b>

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 *John C. Hamilton* (NOTE: Registered Agent signature required when reinstating) DATE **4/25/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, JOHN C.</b>	
STREET ADDRESS	<del>2266 SR 200</del>	
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, SHERRY I.</b>	
STREET ADDRESS	<del>2266 ST 200</del>	
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>833 T.J. Courson Rd</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>833 T.J. Courson Rd</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John C. Hamilton* DATE **4/25/96** TIME **9:01 261 6510**

CR2E034 (12/95)