

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

C/O JOHN C. HAMILTON
2266 SR 200
FERNANDINA BEACH FL 32035-6105
US

Mailing Address

P O BOX 6105
2266 SR 200
FERNANDINA BCH FL 32035-6105
US

3. Date Incorporated or Qualified

01/23/1989

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O John C. Hamilton

26 P.O. Box 6105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 833 T.J. Courson Rd

27 833 T.J. Courson Rd

City & State

City & State

23 Fernandina Bch FL

28 Fernandina Bch FL

Zip Country

Zip Country

24 3203 USA

29 32035-6105 30 USA

4. FEI Number

59-2925901

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, JOHN C.
2266 SR 200
FERNANDINA BEACH FL 32034

81 Name

HAMILTON, JOHN C.

82 Street Address (P.O. Box Number is Not Acceptable)

833 T.J. Courson Rd

83

84 City

Fernandina Bch

FL

85 Zip Code

32034

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

Signature of John C. Hamilton

(NOTE: Registered Agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HAMILTON, JOHN C.
STREET ADDRESS 2266 SR 200
CITY-ST-ZIP FERNANDINA BCH FL

DELETE

TITLE VTS
NAME HAMILTON, SHERRY I.
STREET ADDRESS 2266 ST 200
CITY-ST-ZIP FERNANDINA BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

833 T.J. Courson Rd

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

833 T.J. Courson Rd

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

DATE

904 261 6510

Daytime Phone #

CR2E034 (12/95)