

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90075 036 \*\*\*150.00

**DOCUMENT # K59940**

1. Entity Name  
**FIRST HAMILTON CORPORATION**

Principal Place of Business JOHN C. HAMILTON T.J. COURSON ROAD BEACH FL 32034	Mailing Address P O BOX 6105 833 T.J. COURSON ROAD FERNANDINA BCH FL 32034-7910 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>833 T.J. COURSON RD.</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 6105</b> Suite, Apt. #, etc.
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City & State <b>FERNANDINA BEACH, FL</b>	City & State <b>FERNANDINA BEACH, FL</b>	4. FEI Number <b>59-2925901</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32034</b>	Country <b>NASSAU</b>	Zip <b>32035-6105</b>	Country <b>NASSAU</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAMILTON, JOHN C.**  
**833 T.J. COURSON ROAD**  
**FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAMILTON, JOHN C.</b> <b>833 T.J. COURSON ROAD</b> <b>FERNANDINA BEACH FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>HAMILTON, SHERRY I.</b> <b>833 T.J. COURSON ROAD</b> <b>FERNANDINA BCH FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. Hamilton **REGISTERED** 1/31/2000 (904) 261-6910  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)