

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L47338

(3)

1. Corporation Name

HAMILTON COASTAL PROPERTIES, INC.

Principal Place of Business

P O BOX 45900  
SARASOTA FL 34231  
US

Mailing Address

PO BOX 5082  
SARASOTA FL 34277-2082  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1990

3a. Date of Last Report

03/20/1996

4. FEI Number

65-0171007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 5252 S Tamiami Tr.  
Suite, Apt. #, etc.

22

City & State

23 Sara, FL

Zip

24 34231

Country

25 USA

2a. Mailing Address

26 P.O. Box 45900  
Suite, Apt. #, etc.

27

City & State

28 Sara, FL

Zip

29 34277

Country

30 USA

9. Name and Address of Current Registered Agent

KALIN, EDWARD L.  
5252 S TAMIAAMI TRL  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME KALIN, EDWARD L.  
STREET ADDRESS 5252 S TAMIAAMI TRL  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VT  
NAME HENNELLY, JO  
STREET ADDRESS 5252 S TAMIAAMI TRL  
CITY-ST-ZIP SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
500002258335--0  
-03/05/97--01083--015  
\*\*\*\*165.00 \*\*\*\*165.00

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

7-24-97

APPROVED  
AND  
FILED

1997 JUL 30 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (4/97)

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Shipping Address: 5252 South Tamiami Trail • Sarasota, FL 34231  
Mailing Address: P.O. Box 45900 • Sarasota, FL 34277  
(941) 924-1271 • FAX (941) 923-0045  
FL Design LIC IBO636

July 24, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Section Representative:

Enclosed please find our 1997 Annual Report with the original fee of \$165.00.

I am sending the original amount required since we never received the first report due prior to May 1st.

When I sent in the report for 1996 I asked that the mailing address be changed but I see on the new report that the business address was changed in error instead of the mailing address. The mailing address that was on the report is an old P.O. Box that no longer exists.

I believe the 1st report may have been sent to the old P.O. box which may be why we never received it.

Since I feel it was not our error that the address was incorrect, I am hopeful that you will accept this report and payment in full and waive the additional amount.

Please feel free to contact me if you have any questions.

Thank you for your attention to this matter.

Very truly yours,

HAMILTON COASTAL PROPERTIES, INC.

A handwritten signature in cursive script that reads "Gloria Parker".

Gloria M. Parker  
Financial Administrative Assistant

GMP:ns  
c:hcrpt.doc