

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90283 026 ****70.00

DOCUMENT # N96000001805

1. Entity Name
HAMILTON COUNTY PROPERTIES, INC.



Principal Place of Business
**16954 SE COUNTY ROAD 137
WHITE SPRINGS, FL 32096 US**

Mailing Address
**16954 SE COUNTY ROAD 137
WHITE SPRINGS, FL 32096 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3451953

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, HARRY E
5544 SE 119TH PL
JASPER, FL 32052**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, HARRY E	
STREET ADDRESS	5544 SE 119TH PL	
CITY-ST-ZIP	JASPER, FL 32052	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STORMART, KEITH	
STREET ADDRESS	10029 SE CR 135	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FENNEMAN, DON	
STREET ADDRESS	2618 NW 99TH AVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STRAWDER, BOBBY	
STREET ADDRESS	HC01 BOX 59C	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FENNEMAN, DON	
STREET ADDRESS	2618 NW 99TH AVE	
CITY-ST-ZIP	JASPER, FL 32052	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCINTYRE, PHILLIP.W.	
STREET ADDRESS	RT19 BOX 1118	
CITY-ST-ZIP	LAKE CITY, FL 32025	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Herring	
STREET ADDRESS	601 Palmetto Ave.	
CITY-ST-ZIP	Jasper, FL 32052	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gray Anderson	
STREET ADDRESS	RD 1 Box 206	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Fenneman

Don Fenneman

4-11-04

(386)397-2697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #