## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # N96000001805** 04-17-2006 90381 040 \*\*\*\*61.25 HAMÍLTON COUNTY PROPERTIES, INC. Mailing Address Principal Place of Business 40051407 **16954 SE COUNTY ROAD 137 16954 SE COUNTY ROAD 137** WHITE SPRINGS, FL 32096 US WHITE SPRINGS, FL 32096 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01152006 CR2E037 (11/05) Chg-NP Applied For 4. FEI Number 59-3451953 City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, HARRY E Street Address (P.O. Box Number is Not Acceptable) 5544 SE 119TH PL JASPER, FL 32052 Zip Code 8. The above named entity submits this state hent 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. . . Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition □ Delete TOTLE TITLE STEWART, HARRY E NAME NAME STREET ADDRESS 5544 SE 119TH PL STREET ADDRESS CITY-ST-ZIP JASPER, FL 32052 CITY-SY-ZIP ☐ Change ☐ Addition Delete TITLE TITLE James Hull STORMART KEITH NAME MAME 11 Saint James Ave. STREET ADDRESS 10029 SE CR 135 STREET ADDRESS Lake City, FI WHITE SPRINGS, FL 32096 CITY-ST-ZIP CITY+ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE FENNEMAN, DON NAME STREET ADDRESS 2618 NW 99TH AVE STREET ADDRESS SAINT AUGUSTINE, FL 32002. Jasper F. I. 32052 CITY-ST-77P CITY-ST-ZIP ☐ Change ☐ Addition VD ☐ Defete TITLE TITLE THOMAS, RONALD NAME 228 SE VALERIE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY, FL 32025 Delete TITLE Change ☐ Addition TITLE ANDERSON, GARY NAME NAME STREET ADDRESS **RT 1 BOX 206** STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32055 City-St-ZIP ☐ Change ■ Addition Delete TITLE TITLE PINHOLSTER, GARY NAME steve lester NAME D4.16 BOX 710 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; that I am an officer or director of the corporation or the receiver out ustee empowered no 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. 1523 SADIA CHURCH RD STREET ADDRESS STREET ADDRESS

FILED