2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 29, 2002 8:00 am Secretary of State

1. Entity Na	MENT # P01.000 HAMS, INC.	0009410				02 90166 045 [:]		_
	ce of Business T RD. UNIT 11 2541	Mailing Address P.O. BOX 1287 DESTIN FL 32540	•			5001400	, .	
	Place of Business 4 EMERALD CAST PROP #, etc.	3. Mailing Address 34904 IZMIRAL Suite, Apt. #, etc.	<u>C</u> AST	гэкиу		IN THIS SPACE		
7/6 City & Sta DES7 Zip	TW, FL.	City & State DESTIN FL	Country	,	4. FEI Number 59-36972	+1	Applied For Not Applicable	<u>]</u>
325	41 USA	32541	45		5. Certificate of Status Desired	Fee Requ		╛
6. Name and Address of Current Registered Agent ATTKISSON, ROBERT L 35 TRANQUILITY LN DESTIN FL 32541				Name Street Address (F	eet Address (P.O. Box Number is Not Acceptable)			
8. The above \$ SIGNATURE	named entity submits this statement for t			office or registere				4
B. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			FEE IS	\$150.00 II be \$550.00	19. Election Campaign Final	ncing \$5.	.00 May Be ed to Fees	-
11.	OFFICERS AND DI		12.		ADDITIONS/CHANGES TO OFFIC			1_
NAME STREET ADDRESS CITY-ST-ZIP	PRISIODNE ROBDLE L ATTKISSO 31 TRANQUILITY LAN DESTIN FL 3150	iß.	NAME STREET A CITY-ST-			☐ Change	e Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE K ALLEGANDER 662 HWY 98E, APT DESTIN, FL 3259 TREASURAN	□ Delete ARAGURL 73 v	NAME STREET A	4		☐ Change	Addillon	18
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRANSULAR KATHLERN-BROWE 32 TRANQUILITY LAN DESTIN, FL 3254	☐ Delete	TITLE NAME STREET AL CITY+ST+	1		⁻☐ Change	Addition	
TITLE RAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET AL CITY-ST-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AS CITY-ST-2			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-7	ZIP	•	☐ Change	☐ Addition	
of the corp	ertify that the information supplied with thi on this report or supplemental report is tru- soration or the receiver or trustee empowe or on an attachment with an address, with	re and accurate and that my s ared to execute this report as a						