FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08745 (2)

1. Corporation Name
HAMILTON PRODUCTS, INC.

Principal Place of Business	Mailing Address
5500 SW 6 PLACE OCALA FL 32674	P.O. BOX 770069 OCALA FL 34477-0069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/17/1986	07/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 38-2474141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMILTON, PAMELA UTH 5500 S.W. 6TH PLACE OCALA FL 32674 3447	81 Name: Pamelia Hamilton 82 Street Address (P.O. Box Number is Not Acceptable): 5500 S.W. 6th Place 83 84 City: Ocala FL FL 85 Zip Code: 3447

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	HAMILTON, GWENDOLYN	1.2 NAME	
STREET ADDRESS	4405 N.W. 79TH TERR	1.3 STREET ADDRESS	5256 N.W. 80TH Avenue Rd
CITY-ST-ZIP	OCALA FL 34482	1.4 CITY-ST-ZIP	Ocala FL 34482
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, T. EDWARD	2.2 NAME	
STREET ADDRESS	4405 N.W. 79TH TERR	2.3 STREET ADDRESS	5256 N.W. 80TH Ave Rd
CITY-ST-ZIP	OCALA FL 34482	2.4 CITY-ST-ZIP	Ocala FL 34482
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, PAMELIA	3.2 NAME	
STREET ADDRESS	5500 S.W. 6TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	34474
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gwendolyn Hamilton 1-16-95 810 543 0265
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0457601 FP