

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08745 (2)

1. Corporation Name:
HAMILTON PRODUCTS, INC.

Principal Place of Business

5500 SW 6 PLACE
OCALA FL 32674

Mailing Address

P.O. BOX 770069
OCALA FL 34477-0069

3. Date Incorporated or Qualified

01/17/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 5000 NW 5th Street

2a. Mailing Address

26 as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Ocala, FL 34482

27 City & State

28

24 Zip Country
3448229 Zip Country
30

4. FEI Number

38-2474141

Applied For

Not Applicable

5. Certificate of Status Desired

XXXXX

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HAMILTON, PAMELA
5500 SW 6TH PLACE
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

Hamilton, Pamela (same agent - correct

82 Street Address (P.O. Box Number is Not Acceptable)

spelling of 1st name

83 5000 NW 5th Street

84 Ocala, FLORIDA

City

Ocala

FL

85 Zip Code
34482

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: *Pamela Hamilton*

2/28/97

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	PD	<input type="checkbox"/> DELETE
NAME	HAMILTON, GWENDOLYN	
STREET ADDRESS	4405 N.W. 79 TERR	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMILTON, EDWARD T	
STREET ADDRESS	4405 N.W. 79 TERR	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMILTON, PAMELIA	
STREET ADDRESS	5500 SW 6 PLACE	
CITY-ST-ZIP	OCALA FL 32674	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5256 NW 80th Avenue Road
1.4 CITY-ST-ZIP	Ocala, FL 34482
2.1 TITLE	TREASURER
2.2 NAME	Hamilton T. Edward
2.3 STREET ADDRESS	5256 NW 80th Avenue Rd.
2.4 CITY-ST-ZIP	Ocala, FL 34482
3.1 TITLE	Secretary/Director
3.2 NAME	Hamilton Pamela
3.3 STREET ADDRESS	5000 NW 5th Street
3.4 CITY-ST-ZIP	Ocala, FL 34482
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Pamela Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Hamilton/Secretary 2/28/97 352 690 9680

Date Daytime Phone #

CR2E034 (9/96)