

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000006641 (3)

1. Corporation Name

HAMCO BUSINESS PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6135 PALMER BLVD UNIT B-3 SARASOTA FL 34240 US		Mailing Address P. O. BOX 21383 SARASOTA FL 34276 US	
2. Principal Place of Business 21 6135 Palmer Blvd. Suite, Apt. #, etc. 22 Unit A-2 City & State 23 Sarasota, FL Zip 24 34240 Country 25 U.S.		2a. Mailing Address 26 P.O. Box 21383 Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip 29 34276 Country 30 US	
9. Name and Address of Current Registered Agent STAUB, DAVID E 2236 WEST LEEWYNN DRIVE SARASOTA FL 34240 NEW ADDRESS →		10. Name and Address of New Registered Agent 81 Name David E. Staub 82 Street Address (P.O. Box Number is Not Acceptable) 225 Chardin Dr. 83 84 City Nokomis FL 85 Zip Code 34275	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POCM	1.1 TITLE	POCM
NAME	STAUB, DAVID E	1.2 NAME	Staub, David E.
STREET ADDRESS	2236 WEST LEEWYNN DRIVE	1.3 STREET ADDRESS	225 Chardin Dr.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Nokomis, FL 34275
TITLE	ST	2.1 TITLE	ST
NAME	STAUB, SELINA K.	2.2 NAME	Staub, Selina K.
STREET ADDRESS	2236 WEST LEEWYNN DR	2.3 STREET ADDRESS	225 Chardin Dr.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Nokomis, FL 34275
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

4/14/98 941-379-3100

CR2E034 (10/97)