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Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90058 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000006641

1. Corporation Name

HAMCO BUSINESS PRODUCTS, INC.

Principal Place of Business

6133 PALMER BLVD.  
UNIT A-2  
SARASOTA FL 34240  
US

Mailing Address

P. O. BOX 21383  
SARASOTA FL 34276  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

65-0387477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

STAUB, DAVID E  
225 CHARDIN DRIVE  
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

STAUB, DAVID E.

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

4049 Cherry Laurel Way

83

84 City

Sarasota

FL

85 Zip Code

34241

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

TITLE PDCM ☐ DELETE  
NAME STAUB, DAVID E  
STREET ADDRESS 225 CHARDIN DR  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ST ☐ DELETE  
NAME STAUB, SELINA K.  
STREET ADDRESS 225 CHARDIN DR.  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDCM ☒ Change ☐ Addition  
1.2 NAME STAUB, DAVID E.  
1.3 STREET ADDRESS 4049 CHERRY LAUREL WAY  
1.4 CITY-ST-ZIP SARASOTA, FL 34241

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME STAUB, SELINA K.  
2.3 STREET ADDRESS 4049 CHERRY LAUREL WAY  
2.4 CITY-ST-ZIP SARASOTA, FL 34241

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. STAUB

2/4/99

941-379-3100

Date

Daytime Phone #

CR2E034 (11/98)