

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000009894 (5)

1. Corporation Name

HAMILTON MARKETING, INC.



Principal Place of Business

12990 BEACON COVE LANE
FORT MYERS FL 33919

Mailing Address

5836 REINHARDT DR
SHAWNEE MISSION KS 66205

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
02/09/1993

3a. Date of Last Report
10/11/1995

4. FEI Number
65-0396083

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of Registered Agent (Print Name and Address)

Signature of Registered Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	☐ DELETE
NAME	HAMILTON, STANLEY A	
STREET ADDRESS	12990 BEACON COVE LANE	
CITY-STATE-ZIP	FORT MYERS FL 33919	
TITLE	PD	☐ DELETE
NAME	HAMILTON, BENNETT M	
STREET ADDRESS	12112 WEST 82ND TERR.	
CITY-STATE-ZIP	LENEXA KS 62215	
TITLE	VSTD	☐ DELETE
NAME	HAMILTON, LAURIE J	
STREET ADDRESS	5836 REINHARDT DRIVE	
CITY-STATE-ZIP	SHAWNEE MISSION KS 66206	
TITLE	VD	☐ DELETE
NAME	HAMILTON, JOYCE W	
STREET ADDRESS	12990 BEACON COVE LANE	
CITY-STATE-ZIP	FORT MYERS FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	16210 Granada
24 CITY-STATE-ZIP	Leawood, KS 66224
3.1 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(k), 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, unchanged, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie J. Hamilton 1-15-96

Exhibit 1 to Form 1

CR2E034 (12/95)