

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90081 044 ***150.00

DOCUMENT # P93000050265 (6)

1. Corporation Name

J. & A HAMLET CORPORATION

Principal Place of Business

Mailing Address

4335 COMMERCIAL WAY
SPRING HILL FL 34606

4335 COMMERCIAL WAY
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4335 COMMERCIAL WAY

26 4335 COMMERCIAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SPRING HILL FL

28 SPRING HILL FL

Zip Country

Zip Country

24 34606

25 HERNANDO

29 34606

30 HERNANDO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1993

4. FEI Number

59-3192660

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

LETTERI, AUDRE' J
11222 SPRING HILL DR
SPRING HILL FL 34609

81 Name
ROSEMARY HAMILTON

82 Street Address (P.O. Box Number is Not Acceptable)
4335 COMMERCIAL WAY

83

84 City
SPRING HILL

FL

85 Zip Code
34606

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 *Rosemary Hamilton*

3-26-99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LETTERI, AUDRE' J	
STREET ADDRESS	11222 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMILTON, JEFFREY E.	
STREET ADDRESS	11222 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAMILTON ROSEMARY E.	
STREET ADDRESS	11222 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAMILTON JEFFREY E.	
2.3 STREET ADDRESS	4335 COMMERCIAL WAY	
2.4 CITY-ST-ZIP	SPRING HILL FL	
3.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAMILTON ROSEMARY E.	
3.3 STREET ADDRESS	4335 COMMERCIAL WAY	
3.4 CITY-ST-ZIP	SPRING HILL FL	
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 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: *Rosemary Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99 (352) 597-1982
Date Daytime Phone #

CR2E034 (1/98)