

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

FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000080614 (9)**

1. Corporation Name

**HAMPTON INSURANCE INC.**

Principal Place of Business

**2966 CLEVELAND AVE.  
FT. MYERS FL 33901  
US**

Mailing Address

**2966 CLEVELAND AVE.  
FT. MYERS FL 33901-6003  
US**

3. Date Incorporated or Qualified  
**11/16/1993**

3a. Date of Last Report  
**01/30/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

4. FEI Number

**65-0466553**

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

**HAMPTON, TONYA  
2966 CLEVELAND AVE.  
FT MYERS FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME  
HAMPTON, TONYA  
STREET ADDRESS  
600 MOODY RD  
CITY - ST - ZIP  
N FT. MYERS FL**

TITLE ☐ DELETE

**VP  
NAME  
HAMPTON, DENNIS D  
STREET ADDRESS  
600 MOODY RD  
CITY - ST - ZIP  
N FT. MYERS FL**

TITLE ☐ DELETE

**S  
NAME  
MILLS, MARTHA A.  
STREET ADDRESS  
6609 WILLOW LAKE CIRCLE  
CITY - ST - ZIP  
FT. MYERS FL**

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

☐ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP**

**600002091908  
-02/19/97--01051--025  
\*\*\*165.00**

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.

CR2E034 (9/96)