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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000053475 (7)

HAMANAK	THU PROMOTIONS, INC.				
Principal Place	of Business	Mailing Address		I GODINOON HAD JOINE OHDEN ODHIN ODHIN ODHIN	ORIGN GINER TOUR BURN TRANS BRILL IDER
1815 W 15TH		1815 W 15TH ST			•
SUITE 16	•	SUITE 16			
PANAMA CITY FL 32401 PANAMA CITY FL 32401				DO NOT WRITE II	N THIS SPACE
US		US		3. Date Incorporated or Qualified	
<b>8 8 1 1 1 8</b>		1 8 14 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		07/15/1994	
	ace of Business 46 RING ROAD	26 204/6 KIN	IN PAAN	4. FEI Number	Applied For
21 <b>2</b> 04	<del></del>	Suite, Apt. #, etc.	6 KU//	59-3253332	Not Applicable
Suite, Apt.	π, θιο.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23 FOUN	MIN, IZ.	28 FOUNTAIN	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip C	Country	8. This corporation owes or has paid	' '
24 <i>32</i> 4	38  25   6/17	29 72430 30	13114	Personal Property Tax due June 3	
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	stered Agent
HAMMOND, CARLTON J 81 Name His m				HAMMOND, CARLTON	<i>σ</i> †
1815 W 15TH ST			82 Street A	ddress (P.O. Box Number is Not Acceptable	)
SUITE 16			3	0416 RING ROAD	31 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
PAI	NAMA CITY FL 32401		83		$\mathcal{N}_{\mathcal{S}}$
			84 City ,	Sourme.)	85 Zip Code
de Director	to the previous of Costons 607 0602	and CO7 1500 Florida Ptatutan	the above named	paragration submits this statement for the pu	FL 32498
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and the Papplicable (NOTE R	eg-stored Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	TS	DELETE .	1.1 TITLE	P/T.S	Change
NAME	HAMMOND, CARLTON J		1.2 NAME	CAPLION HAMMUND	[5
STREET ADORESS	1815 W 15TH ST #16		1.3 STREET ADDRESS	20416 RING ROATS	a
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY - \$1 - ZIP	FOUNTAIN FL 3243	· 6 · 8
TITLE		☐ DELETE	2.1 TITLE	/	Change Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		1
CITY-ST-ZIP			2. 4 C(1Y - ST - ZIP		
TITLE	_	☐ DELET <b>e</b>	3.1 TITLE		Change L Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$T-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
. NAME			4. 2 NAME		
STREET ADORESS		,	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TETLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		

14. 1 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.

**FILED** 

May 11 1998 8:00am

Secretary of State