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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000031775

HAMP & CON INC

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90072 016 \*\*\*150.00

HAMP &	L SON, INC.					1				
							<b>                                    </b>			
Principal Plac	e of Business	Mailing Address				1,750				
102481 OVERSEAS HIGHWAY 102481 OVERSEAS HIGHWA										
KEY LARGO FL 33037 KEY LARGO FL 33037							DO NOT M	VRITE IN THI	C CDACE	
						7 Data Inco	porated or Qualif		3 SFACE	
	• .					04/24/1	•	eu		
2 Oringinal D	Place of Business	2a. Mailing Address				4. FEI Numb				oplied For
	. '								<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0589303 Not Applica \$8.75 Additions					
22		27				of Status Desired	<b>1</b> 🗆	+	equired	
City & State		City & State				ampaign Financii			May Be	
23		28					d Contribution	'9 🗆		to Fees
Zip	Country	Zip	Cou	ıntry		+	oration owes the o	current vear Ir		
24	25	29	30	-			Property Tax.	,	Yes	□No
	9. Name and Address of Current	1	11	T			d Address of Ne	w Registered	Agent	
				81	Name					
	CHISON, DAVID G ESQ			82	Ctract Addro	non (B.O. Boy N	ımber is Not Acce	antable)		
	I. MARLIN AVE.			02	Olieer Addre	ess (F.O. Box N	IMBELIS NOT ACC	splable)		**
KEY	LARGO FL 33037			83			100 146 16	1 1		
							<u> 로마 왕화, 영</u>		: . ( · (¥	65 5 5
١,				84	City		•	FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	ites, the a	bove-r	named corpo	oration submits t	his statement for	the purpose of	f changing its	registered
والمستحصر والمارات	aniatored agent of both in the Ctate of	of Flavida, Cush shanca was								
agent I a	egistered agent, or both, in the State of the obligation	ons of Section 607 0505 F	autnorized orida Stati	d by the	e corporation	n's board of dire	ctors. I hereby ac	cept the appoint	ointment as re	gistered
agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 607.0505, F	orida Stat	d by the utes.	e corporation	n's board of dire	ctors. I hereby ac	cept the appt	ointment as re	gistered
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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

SIGOATUSE PEQUIRED SIGNATURE AND TYPE OF DIRECTOR

1/ 199 305-451-4788

CR2E034 (11/98)