

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000037748 (7)

1. Corporation Name

JOHN E. HAMILTON & ASSOCIATES, INC.



Principal Place of Business

7657 103RD STREET  
SUITE 205  
JACKSONVILLE FL 32210

Mailing Address

7657 103RD STREET  
SUITE 205  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

05/09/1995

4. FEI Number

59-3318706

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HOLDER, FORREST DEAN  
7657 103 ST  
205  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

OWEN, ARTHUR LEWIS

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

7657 103 RD ST.

83 Suite

SUITE 205

84 City

JACKSONVILLE

FL

85 Zip Code

32210

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

*John E. Hamilton*

*Arthur Lewis Owen*

4/28/98

(Signature by other person authorized to act on behalf of corporation is not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HAMILTON, JOHN E  
STREET ADDRESS 8030 YEARLING LANE  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☒ DELETE

NAME HOLDER, FOREST DEAN  
STREET ADDRESS 1861 STANFORD RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME HAMILTON, PAMELA  
STREET ADDRESS 8030 YEARLING LN  
CITY-ST-ZIP JACKSONVILLE 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME OWEN, ARTHUR LEWIS

2.3 STREET ADDRESS 4803 SEABOARD AVE.

2.4 CITY-ST-ZIP JACKSONVILLE, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

*John E. Hamilton*

*John E. Hamilton*

4/28/98

205 7657 103RD ST

CR2E034 (10/97)