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

**FILED** Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P95000041187 (2) HAMPTON HOUSE OF MANDARIN, INC. Principal Place of Business Mailing Address 10815 HAMPTON ROAD 10815 HAMPTON ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3235262 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SABAKA, JAMES H SR. **10815 HAMPTON ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 83 84 Zip Code Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligi-07.1508 Florida Stantes, the above-named corporation submits this statement for the purpose of changing its registered as Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered , Seption 607.0506, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE sabaka, Ruth A 1.2 NAME 10827 MORGAN HORSE DRIVE E. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Sabaja, James H Sr. NAME 2.2 NAME 10827 MORGAN HORSE DRIVE E. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-21P 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change \_\_\_ Addition TITLE SULLIVAN, CATHERINE A 3.2 NAME 13001 SILVER OAK STREET ADORESS 3.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME 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 a supplemental annual report trust 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 trusted employees 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

STREET ADDRESS CITY-ST-ZIP