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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000066661 (6)

1. Corporation Name

HAMILTON CONNECTIONS OF THE TREASURE COAST, INC.



Principal Place of Business

3220 SOUTH US 1
SUITE D-5
FT PIERCE FL 34962
US

Mailing Address

3220 SOUTH US 1
SUITE D-5
FT PIERCE FL 34962-6116
US

3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0614237

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

HAMILTON, ROBERT T
7420 S OCEAN DR
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name

Hamilton, Robert T

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

4666 SW 72nd Ave.

83

84 City

Palm City

FL

85 Zip Code

34990

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HAMILTON, ROBERT T
STREET ADDRESS 7420 S OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D ☒ DELETE
NAME HAMILTON, JUDITH
STREET ADDRESS 7420 S OCEAN DR
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition
1.2 NAME Hamilton, Robert T
1.3 STREET ADDRESS 4666 SW 72nd Ave.
1.4 CITY-ST-ZIP Palm City, FL 34990

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Hamilton, Judith
2.3 STREET ADDRESS 4666 SW 72nd Ave.
2.4 CITY-ST-ZIP Palm City, FL 34990

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

3614601233 or
2036348427

Date

Daytime Phone #

CR2E034 (9/96)