PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000091981

1. Corpora ion Name

HAMILTON MANAGEMENT SERVICES, INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90194 011 \*\*\*150.00



Principal Place of Business Mailing Address 1899 MISSION DR 1899 MISSION DR. NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 12/04/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Nu riber App ied For Not Applicable 26 65-0633916 21 Suite, Apt. #, etc. \$8.75 Acditional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust F and Contribution Coun ry Zip Country Zip 8. This corporation owes the current year Intangible ☐ Yes XX No 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registere I Agent 81 HAMILTON, LINDA A Street Ad Iress (P.O. Box Number is Not Acceptable) 82 1839 MISSION DR. NAPLES FL 33942 83 84 85 Zip Cc de City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or 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, Ficida Statutes. SIGNATUR'S Signature, typed or printed narie of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE 1.1 TITLE TITLE HAMILTON, LINDA A 1.2 NAME NAME 1899 MISSION DR 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE BUBENIK, DAN 2.2 NAME NAME 1899 MISSION DR 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRES: 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

164 CITY-ST-ZIP

14. I hereby certify that the information symbiled with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or rtify 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 thus receiver or trustee empowered to grecult his 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:

SIGNATULE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

(941)513-2229

CR2E034 (11/98)