

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093433 (7)

1. Corporation Name

THE HAMILTON GROUP MANAGEMENT COMPANY, INC.



Principal Place of Business

7849 N TAMiami TRAIL
SARASOTA FL 34243

Mailing Address

7849 N TAMiami TRAIL
SARASOTA FL 34243

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY
2033 MAIN ST
SUITE 101
SARASOTA FL 34237

3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

4. FEI Number

65-062 9491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 192.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

Jana L. Hamilton

82

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

7849 N. Tamiami Trail

83

84

City

Sarasota,

FL

85 Zip Code

34243

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Jana L. Hamilton

4/16/96

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
HAMILTON, JANA
7849 N TAMiami TRAIL
SARASOTA FL 34243

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as it 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jana L. Hamilton

4/16/96

Signature Book

CR2E034 (12/95)