

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017256

1. Corporation Name
HAMILTON'S 205 WEST VENICE AVE. CORPORATION

Principal Place of Business
1410 MAGELLAN DRIVE
SUITE 101
SARASOTA FL 34237

Mailing Address
1410 MAGELLAN DRIVE
SUITE 101
SARASOTA FL 34237

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90014 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

65-0733131

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7275 Bee Ridge Rd

26 7275 Bee Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sarasota FL

27 Sarasota FL

City & State

City & State

23

28

Zip Country

Zip Country

24 34241 25 USA

29 34241 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Jana Hamilton

82 Street Address (P.O. Box Number is Not Acceptable)
7275 Bee Ridge Rd

83

84 City Sarasota FL 85 Zip Code 34241

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]

3/31/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HAMILTON, MICHAEL
STREET ADDRESS 1410 MAGELLAN DR, STE 101
CITY-ST-ZIP SARASOTA FL 34237

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7275 Bee Ridge Rd
1.4 CITY-ST-ZIP Sarasota FL 34241

TITLE D ☐ DELETE
NAME HAMILTON, JANA
STREET ADDRESS 1410 MAGELLAN DR, STE 101
CITY-ST-ZIP SARASOTA FL 34237

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7275 Bee Ridge Rd
2.4 CITY-ST-ZIP Sarasota FL 34241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99 (941) 378-7000

CR2E034 (11/98)