

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000106405 (8)

1. Corporation Name

HAMPTON CENTER, INC.



Principal Place of Business

4625 E BAY DR STE 201  
CLEARWATER FL 33764

Mailing Address

4625 E BAY DR STE 201  
CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

59-3487437

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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

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30

9. Name and Address of Current Registered Agent

OTTINGER, DAVID J  
911 CHESTNUT ST  
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

Tyler, Scott J.

82

Street Address (P.O. Box Number is Not Acceptable)  
4625 E. Bay Drive, Suite 201

83

84

City  
Clearwater

FL

85 Zip Code  
33764

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TYLER, SCOTT J.  
STREET ADDRESS 2856 SABER DRIVE  
CITY-ST-ZIP CLEARWATER, FL 34619

TITLE ☐ DELETE

NAME TYLER, CRAIG  
STREET ADDRESS 18 MARINA TERRACE  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE ☐ DELETE

NAME TYLER, TIMOTHY T.  
STREET ADDRESS 17 BELLEVUE DRIVE  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

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 ☐ Change ☒ Addition

1.2 NAME Tyler, Scott J.  
1.3 STREET ADDRESS 2856 Saber Drive  
1.4 CITY-ST-ZIP Clearwater, FL 34619

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Vice-President  
2.3 STREET ADDRESS Tyler, Craig H.  
2.4 CITY-ST-ZIP 18 Marina Terrace  
Treasure Island, FL 33706

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Vice-President  
3.3 STREET ADDRESS Tyler, Timothy T.  
3.4 CITY-ST-ZIP 17 Bellevue Drive  
Treasure Island, FL 33706

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 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.

CR2E034 (10/97)