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 # P98000068331

1. Corporation Name

MICHAEL A. HAMILTON COMPANY

Principal Place of Business 3315 50TH AVE. SOUTH

Mailing Address

3315 50TH AVE. SOUTH

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90070 045 ***150.00



BRADENIUN FL 34203		BHAUENTON FL 34203				DO NOT WRITE IN THIS SPACE					
							ate Incorpora 3/05/1998	ted or Qualifed	t		
2. Principal Place of Business	UD W	2a. Mailing Add	ress San A	LVI	o (II).	4. FE	Number 65	-1085	5417	~ —	plied For t Applicable
Suite, Apt, #, etc. 22 # 6/2 27 # 60 27						5. Ce	ertifcate of St	atus Desired		\$8.75 A	
City & State Ci					L		ection Camp ust Fund Co	aign Financing	' D	\$5.00 Added to	•
	MANATEE	29 24 20	5 30	Sountry MA	NAT	~~!.	nis corporation	n owes the cu erty Tax.	rrent year Ir		□No
9. Name and	Address of Current	Registered Agent				10. Na	ame and Ad	dress of New	Registered	d Agent	
				81	Name						
HAMILTON, MICHAEL A 3315 50TH AVE. SOUTH					82 Street Address (P.O. Box Number is Not Acceptable)						
BRADENTON FL 34203				83							
				84	Citv			·		. 85 Zip C	Code
11. Pursuant to the provisions of									<u> </u>	L	
SIGNATURE Signature, typed or print	ed name of registered agent a OFFICERS AND				nt signature re	required when reins		ANGES TO O	FFICERS /	AND DIRECTO	RS IN 12
TITLE D	OF HOLITO AND			1 TITLE		PRES	1761	17		Change	Addition
NAME HAMILTON, MI	CHAFL A			2 NAME		1 200	, i i i	,		21	
STREET ADDRESS 3315 50TH AV			1,	.3 STREE	ADDRESS	Ì					
CITY-ST-ZIP BRADENTON I			1,	4 CITY-S	T-ZIP	_					
TITLE DIVISION DIVISION OF THE	2 0 12 0			1 TITLE		VICE	PRE	351DEN	7	Change	Addition
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STREET ADDRESS			2.	3 STREE	ADDRESS	6806	WHIT	MAN	PLAC	<u>&</u>	
CITY-ST-ZIP			2.	4 CITY-S	T-ZIP	SARA	tsota	FL.	<u>3424</u>	<u> / ろ</u>	
TITLE			DELETÉ 3.	1 TITLE				•		☐ Change	☐ Addition
NAME			3.	2 NAME	ļ	İ					
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STREET ADDRESS			į.		T ADDRESS						
CITY-ST-ZIP			5.	.4 CITY-S	1-214						

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition