


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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90019 021 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V16804</b>					
1. Corporation Name <b>THE HAMBY AGENCY, INC.</b>					
Principal Place of Business 826 15TH AVENUE N.E. ST. PETERSBURG FL 33704			Mailing Address 826 15TH AVENUE N.E. ST. PETERSBURG FL 33704		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/25/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3105548	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CIKLIN, CORY J. 515 NORTH FLAGLER DR. 19TH FLOOR WEST PALM BEACH FL 33401				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	HAMBY, G. WADE				
STREET ADDRESS	826 15TH AVENUE N.E.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ROCKER, MARGARET				
STREET ADDRESS	826 15TH AVENUE N.E.				
CITY-ST-ZIP	QT. PETERSBURG FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	HAMBY, MICHAEL D.				
STREET ADDRESS	826 15TH AVENUE N.E.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	HAMBY, PAMELA M.				
STREET ADDRESS	826 15TH AVENUE N.E.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)