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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V16804

1. Corporation Name

THE HAMBY AGENCY, INC.

Principal Place of Business Mailing Address								, 91311 51	. 831 A1811 1881	
826 15TH AVENUE N.E. 826 15TH AVENUE N.E.										
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704						DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifed	-			
						02/25/1992				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	olied For	
21 26						59-3105548	- 1	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8	.75 A	dditional	
27						5. Certificate of Status Desired	Fee Required			
City & State City & State						6. Election Campaign Financing	\$:	5.00	May Be	
23	28				Trust Fund Contribution Added to Fees					
Zip	Zip Country Zip C			ountry 8. This corporation owes the current year Intangible				_		
24	25 29 30			Personal Property Tax. Yes No						
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent			
0.00			}	81	Name					
CIKLIN, CORY J.			Ì	82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
515 NORTH FLAGLER DR.			Į							
19TH FLOOR				83						
WEST PALM BEACH FL 33401				84	City		85	Zip C	ode	
					•		-L			
I office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	it Florida. Such change was aut	horized	by ti	-named corpo he corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	e of chang pointment	ing its i as reg	registerea gistered	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: F	Registered a	Agent	signature required	when reinstating) DATE				
12. OFFICERS AND DIRECTORS			13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1				R\$ IN 12		
TITLE	D DELETE			LE				nange	Addition	
NAME			1.2 NA	1.2 NAME						
STREET ADDRESS	·			REET A	ADDRESS					
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP					_	
TITLE	D	☐ DELETE	2.1 TITLE				□CI	nange	Addition	
NAME	ROCKER, MARGARET	R. MARGARET		ME						
STREET ADDRESS			2.3 ST	REET A	ADORESS					
C/TY-ST-ZIP	QT. PETERSBURG FL			TY-ST	-ZIP		_			
TITLE	n	☐ DELETE	3.1 TITLE				□ CI	nange	Addition	
NAME	HAMBY, MICHAEL D.		3.2 NAME							
STREET ADDRESS	826 15TH AVENUE N.E.		3.3 STREE		ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		3,4. CITY		-ZIP		_			
TITLE	D	☐ DELETE	4.1 TITLE					hange	☐ Addition	
NAME	HAMBY, PAMELA M.		4. 2 NA	AME						
STREET ADDRESS	826 15TH AVENUE N.E.		4.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		4 4 CIT		l l					

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 of an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

Change

☐ Change

☐ Addition

Addition

CR2E034 (11/98)