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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # G89058

(3)

HAMIFTON HOAD INVESTMENT CO., INC.					
Principal Place of Business	Mailing Address				
12611 ORANGE GROVE DRIVE	12611 ORANGE GROVE DRIVE TAMPA FL 33618-3405				

FILED Apr 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 12611 ORANGE GROVE DRIVE 12611 ORANGE GROVE DRIVE TAMPA FL 33618 TAMPA FL 33618-3405							
					3. Date incorporated or Qualified 03/06/1984	3a. Date of Last 03/29/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2381392		Not Applicable
Suite, Apt	t #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	Additional Required
22 City & Sta	ato	City & State			6 Flashin Companie Financie		
23	itt.	28			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip			Countr	у	This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Curr	ent Registered Agent	B1	Marra	10. Name and Address of New Re	gistered Agent	
	EMINGS, RICHARD D		B1	Name			
	B11 ORANGE GROVE DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
TAN	MPA FL 33618		8:	 			
			84	City		FL 85 Zi	p Code
11. Pursuan	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the abo	/e-named cor	poration submits this statement for the p	urpose of changing	its registered
office or	registered agent, or both, in the Sta	ate of Florida, Such change was	s authorized t	y the corpora	tion's board of directors. I hereby accept	ot the appointment a	is registered
	C) // PA A A A	J. Samesage	, ronda olaro	PESIDE	NT OF A	IPRIL 199	7
SIGNATURE	Superior Type in the provided man is of registered a	agent and title Camplicable (in	OTE: Recistered A	en) signature requi	ired when reinstating)	DATE	
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
IIITE	DV	DELETÉ	1.1 TITLE			☐ Change	Addition
NAME	FLEMINGS, RICHARD D		1.2 NAME				
STREET ADDRESS		VE .	1.3 STREE	T ADDRESS			
CITY - 5.1 - 20F	TAMPA FL	Delete	1.4 CiTY-	ST-ZIP			1.48
THTLE 	DV	☐ DEFELE	2.1 TITLE			Change	Addition
NAME	FLEMINGS, JEFFREY H.		2.2 NAME				
STREET ACCRESS				T ADDRESS			ļ
CHY-ST-74P TITLE	BOSTON MA	DELETE	2. 4 CITY 3.1 TITLE	-S1-ZIP		Change	Addition
NAME		Last Decemb	32 NAME			in a south	, 100-0001
STREEL ADORESS			l.	T ADDRESS			
City-S1-ZiP			3.4. CITY				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM				ļ
STREET ADDRESS	<u> </u>		4.3 STREE	T ADDRESS			
CITY-S1-ZiP			4.4 CITY-	ST-ZIP			
THE		DELETE	5.1 TITLE			☐ Changi	e 🔲 Addition
NAME			5.2 NAME				
STREET ADURESS	; [5.3 STREE	T ADDRESS			
CHY-ST-7IP			5.4 CITY	ST-ZIP			
TIFLE		☐ DELETE	6.1 TITLE			Change	e 🛄 Addition
NAME:			6.2 NAME				
STREET ADDRESS	5		63 STRE	T ADDRESS			
CiTy - S1 - ZiP	1		6.4 Dity	ST-ZIP			

14. If do hereby cert by 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.

SIGNATURE:

SICHARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD