

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

1995 APR -3 PM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H63738 (9)

1. Corporation Name
HAMPSHIRE HOUSE ANTIQUES, INC.

Principal Place of Business	Mailing Address
C/O LAWRENCE R. PATTERSON 3010 THIRD STREET SOUTH JACKSONVILLE BEACH FL 32250	C/O LAWRENCE R. PATTERSON 3010 THIRD STREET SOUTH JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/20/1985	3a. Date of Last Report 04/22/1994
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4. FBI Number 59-2651038	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 403 St. Augustine Blvd.	27 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Jax Beach, FL	28 City & State
24 Zip: 32250	25 Country: Duval
29 Zip	30 Country

9. Name and Address of Current Registered Agent

~~PATTERSON, LAWRENCE R.
3010 THIRD STREET SOUTH X
JACKSONVILLE BEACH FL 32250 X~~

10. Name and Address of New Registered Agent

81 Name Patricia O. Taylor
82 Street Address (P.O. Box Number is Not Acceptable) 403 St. Augustine Blvd.
83
84 City Jax Beach
85 Zip Code FL 32250

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 Patricia O. Taylor DATE **Jan. 1, 1995**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	TAYLOR, PATRICIA O.
STREET ADDRESS	3010 S. THIRD STREET
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	VP/D
NAME	Taylor, Melbourne R.
STREET ADDRESS	403 St. Augustine Blvd.
CITY - ST - ZIP	Jax Beach, FL 32250
TITLE	S/T
NAME	Taylor, Reginald
STREET ADDRESS	403 St. Augustine Blvd.
CITY - ST - ZIP	Jax Beach, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	200001448722
23 STREET ADDRESS	-04/06/95--01016--012
24 CITY - ST - ZIP	****200.00 ****200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Taylor
63 STREET ADDRESS	41795
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Patricia O. Taylor DATE **1/1/95** TELEPHONE **904-247-1770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia O. Taylor