

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H63738** (9)  
1. Corporation Name  
**HAMPSHIRE HOUSE, INC.**



Principal Place of Business: **403 ST. AUGUSTINE BLVD. JACKSONVILLE BEACH FL 32250**  
Mailing Address: **C/O LAWRENCE R. PATTERSON 3010 THIRD STREET SOUTH JACKSONVILLE FL 32250**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **06/20/1985**  
3a. Date of Last Report: **04/03/1995**  
4. FEI Number: **59-2651038**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**g. Name and Address of Current Registered Agent**

~~X TAYLOR PATRICIA O. XXXX  
X 403 ST. AUGUSTINE BLVD.  
X JACKSONVILLE BEACH FL 32250~~

**10. Name and Address of New Registered Agent**

81 Name: **Lawrence R. Patterson, Esquire**  
82 Street Address (P.O. Box Number is Not Acceptable): **Patterson & Green, P.A. 3010 South 3rd Street**  
84 City: **Jacksonville Beach FL** 85 Zip Code: **32250**

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE: *Lawrence R. Patterson*

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, PATRICIA O.</b>	
STREET ADDRESS	<b>3010 S. THIRD STREET</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE BCH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, MELBOURNE R</b>	
STREET ADDRESS	<b>403 ST. AUGUSTINE BLVD.</b>	
CITY-STATE-ZIP	<b>JAX. BEACH FL 32250</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, REGINALD</b>	
STREET ADDRESS	<b>403 ST. AUGUSTINE BLVD.</b>	
CITY-STATE-ZIP	<b>JAX. BEACH FL 32250</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

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3-8-96  
3-22

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

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

3-8-96  
Date  
Election Period

CR2E034 (12/95)