

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

APPROVED AND FILED

95 FEB 10 AM 8:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 259238 (4)
1. Corporation Name:
HAMMOND CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**2878 MARKHAM WOODS RD
LONGWOOD FL 32779-3074
US** **2878 MARKHAM WOODS RD
LONGWOOD FL 32779-0074**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/22/1962 **04/22/1994**

4. FEI Number Applied For
59-0972149 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26.

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. City & State

24. Zip Country 29. Zip Country

25. 30.

9. Name and Address of Current Registered Agent

**HAMMOND, GEORGE S
2878 MARKHAM WOODS RD
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. Zip Code

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 _____ DATE _____
(Type, print, or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMOND, GEORGE S	1.2 NAME	
STREET ADDRESS	2878 MARKHAM WOODS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	32779-3074
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, RICHARD A	2.2 NAME	
STREET ADDRESS	1830 VIA GENOA	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	2.4 CITY-ST-ZIP	32789-1525
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMOND, GEORGE S., JR.	3.2 NAME	
STREET ADDRESS	2878 MARKHAM WOODS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	32779-3074
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(b), 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 person 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 my additions.

SIGNATURE: *George S. Hammond* PRESIDENT FEB. 7, 1995 407-44-2755
(Type, print, or typed name of signing officer on director) (Typed Name)