

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 259238 (4)

1. Corporation Name
HAMMOND CONSTRUCTION, INC.



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

3. Date Incorporated or Qualified **05/22/1962** 3a. Date of Last Report **02/10/1995**
4. FEI Number **59-0972149** Applied For 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 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 607.1509, 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: *George S. Hammond* **GEORGE S. HAMMOND, PRESIDENT** 11 MARCH 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input 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 32779-3074	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input 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 32789-1525	2.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input 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 32779-3074	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	YD JOANNE H. SAMPSON
STREET ADDRESS		4.3 STREET ADDRESS	2878 MARKHAM WOODS RD.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	LONGWOOD, FL 32779-3074
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 if changed, or on an attachment with an address.

SIGNATURE: *George S. Hammond* **GEORGE S. HAMMOND** 3/11/96 407-644-2755
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)