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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 259238

HAMMON	ID CONSTRUCTION, INC.					
Principal Place	of Business	Mailing Address			T (BEISE HOD) EXITE JEST JINDS TILDI JOH GIBIS GIANT BION OLON BIBIS BIBIS BIBIS	i 46 1
1039 ARAGON AVENUE WINTER PARK FL 32789-4729 US 1039 ARAGON AVENUE WINTER PARK FL 32789-4729 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/22/1962	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21 26					59-0972149 Not Applica	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additiona	àl
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	Country		Trust Fund Contribution Added to Fees	
Zip			_ `		8. This corporation owes the current year Intangible Personal Property Tax.	
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	\Box
5. Name and Address of Current Registered Figure				Name		
HAMMOND,GEORGE S			82	Street Add	ress (P.O. Box Number is Not Acceptable)	\dashv
1039 ARAGON AVENUE			02	Street Add	ress (F.O. Box Nulliber is Not Acceptable)	
WINT		83			Į	
			84	City	85 Zip Code	-
				,	FL	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on the state of the cooling at the obligation of the cooling at the cool	of Florida. Such change was auth- ions of, Section 607.0505, Florida	orized by Statutes	ine corporati	poration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered agen			nt signature require	ed when reinstating) DATE DATE DESCRIPTIONS (SUANOSES TO OSSIGNED AND DIRECTORS IN 1	
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change Additional Additiona	
TITLE	PD CEORCE S	LJ DELETE				
NAME	HAMMOND, GEORGE S		1.2 NAME			1
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			TADDRESS		
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	F-ZIP	☐ Change ☐ Ad	dition
TITLE	STD CONNELL DICHARD A					İ
NAME	4000 VIA OFNOA		22 NAME	T ADDRESS	•	
1	WINTED DADIE EL 00000 00700 4505			ì		}
CITY-ST-ZIP TITLE			2.4 CITY-5 3.1 TITLE	51-212	☐ Change ☐ Ad	dition
	SAMPSON, JOANNE H	Clocific	3.2 NAME			
NAME	1039 ARAGON AVENUE			T ADDRESS		
STREET ADDRESS	WINTER PARK FL 32789		3.4. CITY-S			
CITY-ST-ZIP TITLE	WINTER FARR IE 32709	☐ DELETE	4.1 TITLE	31-21	☐ Change ☐ Ad	ddition
NAME		<u> </u>	4. 2 NAME			
STREET ADDRESS.				T ADDRESS		ļ
CITY-ST-ZIP	•		4.4 CITY-S			ĺ
TITLE			5.1 TITLE	-	☐ Change ☐ Ad	ddition
NAME			5.2 NAME			Į
STREET ADDRESS			5.3 STREE	TADDRESS	· · · · · · · · · · · · · · · · · · ·	1
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	•	
TITLE		☐ DELETE	6.1 TITLE		Change Ad	ddition

CITY-ST-ZIP 14. I hereby certify 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

MARCH, 1 1999