## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000060947 (7)

J. H. HAMER CONSTRUCTION, INC.

Principal Place of Business Mailing Address 4677 SAN PAULO CT 4677 SAN PAULO CT LAKELAND FL 33813 LAKELAND FL 33813 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1993 2. Principal Place of Business 2a. Mailing Address 21 26 59-3198972 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žiρ Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name HAMER, JAMES H 4877 SAN PAULO CT Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 11 TITLE TITLE HAMER, JAMES H MALAF 1.2 NAME 4677 SAN PAULO CT STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change 3.1 TITLE NAME 3.2 NAME

14. Thereby 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 chapter 607, or on an attachment with an address.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.4 City-ST-ZIP

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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**FILED** 

Apr 09 1998 8:00am

Secretary of State

Addition

Addition

Addition

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Addition

Change

Change

Applied For

☐ No

Not Applicable