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

PROFIT CORPORATION ANNUAL REPORT

1996

ORLANDO FL 32805



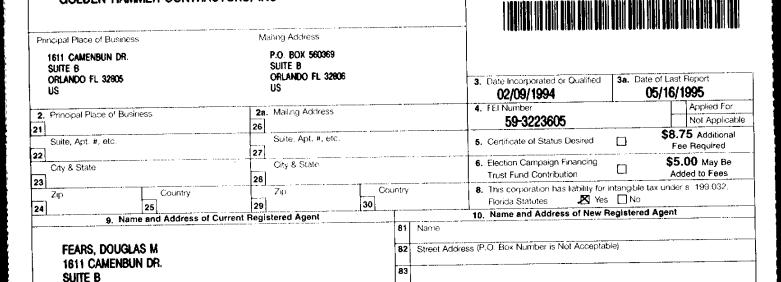
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000010909 (7)

GOLDEN HAMMER CONTRACTORS, INC.



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. Thereby accept the appointment as registered agent. I am

84 City

12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE 7	D	☐ DELETE	1 1 TIFLE	☐ Change ☐ Addition
JAMS	FEARS, DOUGLAS M		1.2 NAME	
TREET ADDRESS	2818 WALNUT ST		1.3 STREET ADDRESS	
ITY-ST-7P	ORLANDO FL 32806		1.4 CHY - ST - ZIP	
TLE	D	☐ DELFTE	2 1 1111 (Change Addition
IAME	BRIDEWELL, MARK A		2.2 NAME	
STREET ADDRESS	2813 WALNUT ST		2.3 STREET ADDRESS	
HTY -ST - ZiP	ORLANDO FL 32806		24 CITY - S! - 7.P	
ITLE		☐ DELETE	3 1 1000	Change Addition
AME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
ity-ST-ZiP			3.4.CITY - ST - ZIP	
ITLE		☐ DELETÉ	4 1 TITLE	Change Addition
IAME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
iTY-ST-ZIP			4.4.C-TY - ST - ZIP	
ITLE		☐ DELETE	5 ' TITLE	Change Addit o
IAME			5.2 NAME	
TREET ADDRESS			5 3 STREET ADDRESS	
DITY-ST-7:P			5.4 CITY - ST - ZIP	
ITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STRSET ADDRESS	
OTT OF THE			6.4 C(TY - S1 - Z)P	

64 CHY-S1-ZP

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 1.19.07(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 employered 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 an an attachment with an appears.

SIGNATURE:

NATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y07

YUT - 125 295/

;R2E034 (12/95)

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Zip Code