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

PROFIT CORPORATION ANNUAL REPORT

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STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010909 (7)

GOLDEN HAMMER CONTRACTORS, INC.

Principal Place of Business Mailing Address 1811 CAMENBUN DR. P.O. BOX 560369 SUITE B DO NOT WRITE IN THIS SPACE ORLANDO FL 32805 ORLANDO FL 32806 3. Date Incorporated or Qualified <u>02/09/1994</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1611 CAMERBUR DR P.O. BOX_560369 59-3223605 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State Cily & State 6. Election Campaign Financing \$5.00 May Be Or ALOU, Orlando Trust Fund Contribution 28 Added to Fees Country Country This corporation owes or has paid the current year Intangible US US Yes 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEARS, DOUGLAS M 1611 CAMENBUN DR. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE B** 83 ORLANDO FL 32805 Orlano 84 Zip Code 32.805 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 THUE Change Addition FEARS, DOUGLAS M NAME 1.2 NAME 2818 WALNUT ST STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BRIDEWELL, MARK A NAME 2.2 NAME 2813 WALNUT ST STREET ADDRESS 2.3 STREET ADDRESS -ORLANDO FL 32806 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4/40/90

6.4 CITY - ST- ZIP 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 of ruscoe 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 adaptment with an analysis.