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

PROFIT CORPORATION ANNUAL REPORT

1998



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000055343 (5)

HAND AND HAMMER OF ORLANDO, INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 546 HEATHER BRITE CIRCLE 546 HEATHER BRITE CIRCLE APOPKA FL 32712 APOPKA FL 32712 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3238980 21 26 Not Applicable Suite, Apt. #, etc Suitc, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country B. This corporation owes or has paid the current year Intangible 29 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAPINOS, MICHAEL S **546 HEATHER BRITE CIRCLE** Street Address (P.O. Box Number is Not Acceptable) 82 APOPKA FL 32712 83 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Stgoature, typeshor printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TOLE TITLE KAPINOS, MICHAEL S 1.2 NAME NAME **546 HEATHER BRITE CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL 32712 1.4 City - St - 7iP CITY - ST - ZIP DETETE ☐ Change Addition TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAMI NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIF DELFTE Change Addition 4.1 THLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(1Y-\$1-ZIP CITY-ST-ZIP DITETE Change G 1 TITLE Addition TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CiTY - \$1 - 7IP 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 suppliemental 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.