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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Feb 12 1996 8:00 am

Secretary of State

DOCUMENT # P16775 (9)

1. Corporation Name

HAMMOND VENTURE, INC.

Principal Place of Business

C/O THE ALLEN MORRIS CO
1000 BRICKELL AVE BRICKELL BLDG 3RD FL
MIAMI FL 33131

Mailing Address

C/O THE ALLEN MORRIS CO
1000 BRICKELL AVE BRICKELL BLDG 3RD FL
MIAMI FL 33131

3. Date Incorporated or Qualified

11/10/1987

3a. Date of Last Report

02/03/1995

4. FEI Number

59-2248649

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, W. ALLEN
1000 BRICKELL AVE.
12TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BELL, JAMES F. (JR.)
STREET ADDRESS 1100 JOHNSON FERRY RD NE
CITY - ST - ZIP ATLANTA GA

TITLE STD ☐ DELETE

NAME DAVIS, BILL G.
STREET ADDRESS 1000 BRICKELL AVE 300
CITY - ST - ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME MORRIS, WILLIAM ALLEN
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY - ST - ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME RUPP, GARY L.
STREET ADDRESS 1000 BRICKELL AVE 300
CITY - ST - ZIP MIAMI FL

TITLE DC ☐ DELETE

NAME MORRIS, L. ALLEN
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 119.07(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 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.

SIGNATURE:

Bill Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-96 (305) 358-1000

CR2E034 (12/95)