

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUN 20 AM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 245314

1. Corporation Name

EVANS & HAMMOND, INC.

**800001519458
-06/21/95--01057--020
****225.00 ****225.00**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/07/1961

3a. Date of Last Report
06/16/94

2. Principal Place of Business

21 **707 PENINSULAR PLACE**

2a. Mailing Address

26 **3986 BOULEVARD CENTER DR**

4. FFI Number
59-0919326

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
JACKSONVILLE FL 32204

27
City & State
**SUITE 106
JACKSONVILLE FL 32207**

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

24 **32204**

25 **DUVAL**

29 **32207**

30 **DUVAL**

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**EVANS, THOMAS N., JR.
707 PENINSULAR PLACE
JACKSONVILLE FL**

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 must be printed name of registered agent and for all other officers)

(NOTE: Registered agent signature required when transferring)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**A/S/D
EVANS THOMAS N. JR
707 PENINSULAR PLACE
JACKSONVILLE, FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**P/D
HAMMOND JAMES M.
707 PENINSULAR PLACE
JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
HAMMOND MARY ANN
707 PENINSULAR PLACE
JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V/S
WILMOTTE, TERRY H.
707 PENINSULAR PLACE
JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V/P
HAMMOND J. DANIEL
707 PENINSULA PLACE
JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
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)(b), 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:

James M. Hammond
JAMES M. HAMMOND PRESIDENT

5/15/95 (904) 355 3511