

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90094 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 245316**

1. Corporation Name

**EVANS & HAMMOND, INC.**

Principal Place of Business

707 PENINSULAR PLACE  
JACKSONVILLE FL 32204  
US

Mailing Address

4417 BEACH BOULEVARD  
SUITE 310  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/07/1961**

2. Principal Place of Business

21 **1809 ART MUSEUM DR**

2a. Mailing Address

26 **1809 ART MUSEUM DR**

4. FEI Number

**59-0919326**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **SUITE 105**

Suite, Apt. #, etc.

27 **SUITE 105**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

24 **32207** 25 **DUVAL**

Zip

29 **32207** 30 **DUVAL**

Country

**DUVAL**

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRESSER, EDWIN  
4417 BEACH BOULEVARD  
SUITE 310  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name **JAMES M HAMMOND**

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

**1809 ART MUSEUM DR**

83 **SUITE 105**

84 City **JACKSONVILLE**

**FL**

85 Zip Code  
**32207**

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

*James M. Hammond*  
Signature typed or printed name of registered agent and title if applicable.

**JAMES M HAMMOND PRESIDENT**  
(NOTE: Registered Agent signature required when reinstalling)

DATE

**2/4/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **EVANS JR., THOMAS N.**  
STREET ADDRESS **707 PENINSULAR PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **PD** ☐ DELETE  
NAME **HAMMOND, JAMES M.**  
STREET ADDRESS **707 PENINSULAR PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☒ DELETE  
NAME **HAMMOND, MARYANN**  
STREET ADDRESS **707 PENINSULAR PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **VS** ☒ DELETE  
NAME **WILMOTTE, TERRY H.**  
STREET ADDRESS **707 PENINSULAR PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **VT** ☒ DELETE  
NAME **HAMMOND, J. DANIEL**  
STREET ADDRESS **707 PENINSULAR PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **P/S/D/T** ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE:

*James M. Hammond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES M HAMMOND 2/4/99 904 306 9111**

Date

Daytime Phone #

CR2E034 (11/98)