

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 352110 (1)

1. Corporation Name
H & M SALES, INC.

Principal Place of Business

**173 SAN MARCO AVENUE
ST AUGUSTINE FL 32084**

Mailing Address

**173 SAN MARCO AVENUE
ST AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1969

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1281177

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

21 MARILYN AVE

Suite, Apt. #, etc.

22

City & State

ST AUGUSTINE, FL

Zip

32084

Country

ST JOHNS

2a. Mailing Address

21 MARILYN AVE

Suite, Apt. #, etc.

27

City & State

ST AUGUSTINE, FL

Zip

32084

Country

ST JOHNS

9. Name and Address of Current Registered Agent

PONDER, JOHN S.

**173 SAN MARCO AVE
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81. Name

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

21 MARILYN AVE

83.

84. City

ST AUGUSTINE

FL

85. Zip Code

32084

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 title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PONDER, JOHN S.
21 MARILYN AVE.
ST. AUGUSTINE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
PONDER, ROSE M.
21 MARILYN AVE.
ST. AUGUSTINE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John S. Ponder Pres.
JOHN S. PONDER, PRES.

4/26/95 904-471-3092
(Telephone #)