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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26

DOCUMENT # **357283** **(1)**

1. Corporation Name

HAMMOND HEATING & AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
3412 GALILEE ROAD JACKSONVILLE FL 32207	3412 GALILEE ROAD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1969**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc. — 22:
Suite, Apt #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1280634** ☐ 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

9. Name and Address of Current Registered Agent

HAMMOND,DON E
4980 PALM VALLEY RD
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and the date of execution (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	11 TITLE	D/CEO/VP	☒ Change ☒ Addition
NAME	HAMMOND,DON E	12 NAME	Don E. Hammond	
STREET ADDRESS	4980 PALM VALLEY RD	13 STREET ADDRESS	4980 Palm Valley Road	
CITY ST ZIP	PONTE VEDRA BCH FL	14 CITY ST ZIP	Ponte Vedra Bch., Fl. 32082	
TITLE	ST	21 TITLE	S/T/	☐ Change ☐ Addition
NAME	HAMMOND, PATSY P.	22 NAME	Hammond, Patsy P.	
STREET ADDRESS	4980 PALM VALLEY RD	23 STREET ADDRESS	4980 Palm Valley Road	
CITY ST ZIP	PONTE VEDRA BCH FL	24 CITY ST ZIP	Ponte Vedra Bch. Fl. 32082	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	HAMMOND, MIKE, W	32 NAME		
STREET ADDRESS	5020 PALM VALLEY RD LOT E	33 STREET ADDRESS		
CITY ST ZIP	PONTE VEDRA BEACH FL	34 CITY ST ZIP		
TITLE	VP	41 TITLE	Deceased	☒ Change ☐ Addition
NAME	HAMMOND, KENNETH, D	42 NAME	Hammond, Kenneth D.	
STREET ADDRESS	5020 PALM VALLEY RD LOT D	43 STREET ADDRESS	5020 Palm Valley Road Lot D	
CITY ST ZIP	PONTE VEDRA BEACH FL	44 CITY ST ZIP	Ponte Vedra Bch., Fl. 32082	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 3-27-95 (904) 398-6488
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)