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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 456839 (0)

1. Corporation Name

D & S HAMMONDS CERAMIC TILERS, INC.

Principal Place of Business

1425 GOLFVIEW DRIVE  
P O BOX 1042  
TITUSVILLE FL 32781-8042

Mailing Address

1425 GOLFVIEW DRIVE  
P O BOX 1042  
TITUSVILLE FL 32781-1042

3. Date Incorporated or Qualified

07/15/1974

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMONDS, DARRELL S  
1425 GOLFVIEW DRIVE  
TITUSVILLE FL 32780

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME HAMMONDS, DARRELL S  
STREET ADDRESS 1425 GOLFVIEW DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 00000

11 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME HAMMONDS, SHIRLEY P  
STREET ADDRESS 1425 GOLFVIEW DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 00000

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

23 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

24 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

25 NAME ☐ Change ☐ Addition

SIGNATURE:

Shirley P. Hammonds  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-97

Date

407-269-1147

Daytime Phone #

CR2E034 (9/96)