

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 573636

FILED
Jan 23, 2009
Secretary of State

Entity Name: J. H. HAM ENGINEERING, INC.

Current Principal Place of Business:

602 BRANNEN RD
PO BOX 5106
LAKELAND, FL 33807

New Principal Place of Business:

602 BRANNEN ROAD
LAKELAND, FL 33813

Current Mailing Address:

602 BRANNEN RD
PO BOX 5106
LAKELAND, FL 33807

New Mailing Address:

PO BOX 5106
LAKELAND, FL 33807

FEI Number: 59-1837679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAM III, JAMES H
602 BRANNEN RD
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAM III, JAMES H,
Address: 2015 BEACON BYWAY
City-St-Zip: LAKELAND, FL

Title: STD () Delete
Name: OLIVE, SANDRA
Address: 18 OAKWOOD ROAD
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAM III, JAMES H,
Address: 311 PABLO STREET
City-St-Zip: LAKELAND, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA J. OLIVE

STD

01/23/2009

Electronic Signature of Signing Officer or Director

Date