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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 579299

HAMMER	R CONSTRUCTION OF JAX,	. INC.					
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Principal Place	o of Business	Mailing Address				DI DUK BARKU DINDA NUBA	01611 91831 1881
•		<del>-</del>					
1444 REWIS RE P. O. BOX 7864		1444 REWIS RD. WEST P. O. BOX 7864			1:		
JACKSONVILLE		JACKSONVILLE FL 32220			DO NOT WRITE IN	THIS SPACE	
UNONCONTRELL	TE SEELS	prottoorrible ve oblid			3. Date Incorporated or Qualifed		
					07/18/1978		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	TTA	pplied For
<del></del>		26		59-1878191	<u> </u>	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		39 1070 191		Additional	
<del></del>		<u> </u>		5. Certifcate of Status Desired	•	equired	
City & State		City & State		8 Floribo Samuelo Financia		_ <del></del>	
<del> </del>		<b>⊢</b> '		6. Election Campaign Financing		May Be to Fees	
23		28	Country		Trust Fund Contribution		to rees
Zip	Country	Zip			8. This corporation owes the current year	ar Intangible ☐ Yes	□No
24	25	<del></del>	30		Personal Property Tax.  10. Name and Address of New Registe		[]140
	9. Name and Address of Curren	it Registered Agent	81	Name	IV. Name and Address of New Registr	reu Agent	
LAM	INED IESSE VEDNON		"	Name			!
Hamner, Jesse Vernon 1444 Revis Road West			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	· <del>-</del>	
						·	
	KSONVILLE, FL		83				
3222	20		04	City		85 Zip	Code
			84	City			Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-	named corp	oration submits this statement for the purpo-	se of changing its	s registered
- 46	egistered agent, or both, in the State	of Florida. Such change was aut		na cornoratio	en's board of directors. I boroby account the s	ippointment as re	anistered
office or f	- f- Tourish - I come the ablus	tions of Contine COZ OFOE Flori	thorized by ti	ie corporatio	in a board or directors, i hereby accept the a		giotoroa
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	thonzed by ti da Statutes.	ile corporatio	ITS board of directors, Friereby accept the a		giotoroa
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agent. I an SIGNATURE	m familiar with, and accept the obliga  Signature, typed or printed name of registered ager  OFFICERS AN	tions of, Section 607.0505, Florion and title if applicable.  (NOTE: FID DIRECTORS	da Statutes. Registered Agent		d when reinstating) DA1 ADDITIONS/CHANGES TO OFFICER	E S'AND DIRECTO	ORS IN 12,
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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: