

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 671776

(3)

1. Corporation Name

HAMNER & FAUST, INC.



Principal Place of Business

777 S. FLAGLER DR.
1900 PHILLIPS POINT W.
WEST PALM BEACH FL 33401-3198

Mailing Address

777 S. FLAGLER DR.
1900 PHILLIPS POINT W.
WEST PALM BEACH FL 33401-3198

3. Date Incorporated or Qualified

05/30/1980

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2002791

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

BUCKNER, MIKE S.
1900 PHILLIPS POINT WEST
777 S FLAGLER DR
WEST PALM BEACH FL 33401-3198

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 607.1503, 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 of person performing act on behalf of the corporation (SEE INSTRUCTIONS)

(NOTE: Registered Agent Signature is not required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

VS
NAME
HAMNER, MARGARET M
STREET ADDRESS
230 RUSSLYN DRIVE
CITY-STATE-ZIP
WEST PALM BEACH FL

1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

PT
NAME
FAUST, SYLVIA M
STREET ADDRESS
5 LAKE ARBOR DR.
CITY-STATE-ZIP
PALM SPRINGS FL

2. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

7. TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

Day/Month/Year

CR2E034 (12/95)