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 FEB 10 PM 12:45

DOCUMENT # 835772 (5)

1. Corporation Name
JOHN E. HAMM, JR. & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8045 SE DOUBLE TREE DR PO BOX 2447 HOBE SOUND FL 33475-2447 US	21 THURSTON DR., PLM ECH GRDNS, FL 33418 PO BOX 2447 HOBE SOUND FL 33475-2447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1976
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO Box 2447
Suite, Apt. #, etc.
27
City & State
28 Hobe Sound, FL
Zip 29 33475-2447 Country 30 U.S.

4. FEI Number: 34-0937538
☐ 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

HAMM JR., JOHN E.
8045 SE DOUBLE TREE DR
PO BOX 2447
HOBE SOUND FL 33475

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	HAMM, JOHN E, JR	12 NAME	
STREET ADDRESS	8045 SE DOUBLE TREE DR	13 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	14 CITY-ST-ZIP	
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	HAMM, ELLEN C	22 NAME	
STREET ADDRESS	8045 SE DOUBLE TREE DR	23 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE: Ellen C. Hamm 3 Feb 1995 407 220.0303
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
ELLEN C. HAMM

0430403 FP