


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90239 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F95 000004377 (6)**  
 1. Corporation Name  
**J. L. HAMMETT CO.**

537740 - 90239 - 8

Principal Place of Business Mailing Address **SAME**  
**PO Box 859057**  
**BRAINTREE MASS 02185-9057**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>9/11/95</b>	4. FEI Number <b>04-1413460</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLDEN RICHMOND Y SR</b>	1.2 NAME	<b>HOLDEN RICHMOND Y JR</b>
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	1.3 STREET ADDRESS	<b>ONE HAMMETT PLACE</b>
CITY-ST-ZIP	<b>BRAINTREE MASS 02184</b>	1.4 CITY-ST-ZIP	<b>BRAINTREE MASS 02184</b>
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLDEN RICHMOND Y JR</b>	2.2 NAME	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRAINTREE MASS 02184</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLDEN JEFFREYS</b>	3.2 NAME	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRAINTREE MASS 02184</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVIN DUBIN</b>	4.2 NAME	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRAINTREE MASS 02184</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSON CARL E</b>	5.2 NAME	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRAINTREE MASS 02184</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ **781-8487000**

CR2E034 (10/97)