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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500005680 (2)

HANMORE BROS. CONSTRUCTION COMPANY

	13/11033	rincipal Place of Busine
		IBCC BOX 879 ILOXI MS 39533
_	Business	Principal Place of Bus

**FILED** May 01 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

					11/21/1995	01/2	24/1996	
2. Principa	l Place of Business	2a. Mailing Address			4. FEI Number			plied For
21		26		NOT APPLICABLE		No.	t Applicable	
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> / Fee Re	
City & S	itato	City & State			O Floring Occupation			·
3	Rate	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Z(p)	Count	гу	8. This corporation has liability for			
4	25	29	30	,	Florida Statutes		] No	. 100.002.,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered /	Agent	
Н	IANMORE, JAVID		8	1 Name				
	805 FAIRVIEW DR.		8	2 Street Add	ress (P.O. Box Number is Not Accept	able)		
P	ENSACOLA FL 32505			2 Ollob, Addi	ress (i.e.). Box Humber is Not Neoch	atole)		
			8:	3				
			8-	4 City			85 Zip (	Code
			6'	City		FL	2   Zib) (	Joue
11. Pursua	int to the provisions of Sections 107.00	02 and 607.1508, Florida Sta	atutes, the abo	ve-named corp	poration submits this statement for the	purpose of	changing it	s registered
onice c	int to the provisions of Sections 107.05 or registered agent, or builty in the Stat 1 am tan lilar with, and section the obti	te of Florida. Such change wi Igations of, Section €42 1505	as authorized l <del>Llorid</del> a Statuti	by the corporal	tion's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATUR		San Land	EK	COL HAN	MORE PRES.	4-22	-97	
Oldina City	Signature, typed or profess hame of registered a	*	NOTE Registered A	gent signature requ	red when refusialing)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND		
FITLE	PCTD	☐ DELETE	1 1 TITLE				Change	Additio
NAME	HANMORE, EROL		1.2 NAMI	[				
	074 WADVING BITTA							
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	BILOXI MS		1 3 STRE 1 4 COLY	1				
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minimation indicated or rins armust report or suppremental armust report is true and accurate and that my signature shall have the same legal effect as it made under eath; the **Fam 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