| FILE NOW: FILING FEE AFTER MAY 1   | IS \$225.00                                       |   |  |
|--|---|---|--|
| CORPORATION Sandra ANNUAL REPORT Secre   | ARTMENT OF STATE<br>a.B. Mortham<br>tary of State |   |  |
| 1996 Division of   | CORPORATIONS                                      |   |  |
| DOCUMENT # H/6472<br>1. Corporation Name<br>W. A. HAMMER HOMES, IN   | L   |   |  |
| Principal Place of Business 3600 COREY RD MAIADAR, FI 32950  |   | Date Incorporated or Qualified  | 3a. Date of Last Report  |
| Principal Place of Business     28. Mælir g Address  |   | 4. FE/Number  | 7.5 Applied For  |
| 1  |   | 59-2583786  | No! Applicable   |
| 27   |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
| City & State City & State 28   |   | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees   |
| Zip Country Zip  4 25 29   | Country 30  | 8. This corporation has liability for inte  |  |
| 9. Name and Address of Current Registered Agent  | [30]  | 10. Name and Address of New Reg   |  |
| William A. HAMMER JR   | 81 Name   |   |  |
| 241 VENET AU NE  | 82 Street Addre                                   | ess (P.O. Box Number is Not Acceptable)   |  |
| 291  | 83  | 7 ( 1 day 1 |  |
| PAIM BAY, F1 32907   | 84 City   |   | F1 85 Zip Code   |
| <ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statut<br/>or registered agent, or both, in the State of Florida, Such change was authorized.</li> </ol>  | red by the comporation's board                    | ntion submits this statement for the purpo<br>of of directors. Thereby accept the anonin  | se of changing its registered office   |
| familiar with, and accept the obligations of, Section 607,0505, Florida Statutes<br>SIGNATURE  | 3.  |   | and the respective of the page of the respective of the page of th |
| Sign, five fixed or protect name of regulated a plot and it is it approached by  | UE Rogisteres A just seprat as respons            |   | (jA*t  |
| The state of the s | 13.   | ADDITIONS/CHANGES TO OFFICE   | ERS AND DIRECTORS IN 12  Change Addition   |
|  |   |   | Country. Career  |
| STREET ADDRESS  PRESDUIL UNITED AVEN  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  WALANA ALANA F-1 3295  CHY-ST-ZIP  THE  | £ 13 STREET ADDRESS                               |   |  |
| CITY-ST-ZIP TOTALE DELETE  | 1 4 CUTY - ST - ZIF<br>2 1 TUTLE                  |   | Criange Addition   |
| NAME WILLIAM A HAMMERSR  | 2.2 NAM!  |   | Custife ( Nontrol)   |
| STREET ADDRESS 3600 CORRY Kolon  | 2.3 STREFT ADDRESS                                |   |  |
| CITY-ST-ZIP WAJASAA, 1-1 5293.   | 24 CITV - ST 7FF                                  | ···· • ······   |  |
| TITLE DELETE NAME  | 3.1 TITLE<br>3.2 NAME                             |   | Change  Add tion   |
| STREET ADDRESS   | 3.3 STREET ADDRESS                                |   |  |
| Cily-St-ZiP  | 3.4 CITY - \$* - 7/P                              |   |  |
| TITLE DELETE   | 4 1 TI*LF   |   | Change Addition  |
| NAME CORET ANDROS  | 4.2 NAME  |   |  |
| STREET ADDRESS  CITY - ST - ZIP  | 4.3 STREET ADDRESS 4.4 City St Zip                | <u> </u>  | OCC  |
| TITLE DELETE   | 5 1 TITLE   | <b>50000180</b> ;<br>-0\$/06/960102   | 3—-[∏]⊋hange ☐ Addition  |
| NAME   | 5 2 NAME  | ***200.00   | _  |
| STREET ADDRESS   | 5 3 STREET ADDRESS                                |   |  |

14. If A CITY-ST-ZIP

14. If Ob 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)(k). 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 cath; that I am an officer or directly of the corporation of the replayer or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or alto type on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The Printed Printed Statutes of the corporation of the replayer or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or alto type on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.4 C(1) - ST - Z(P

6.3 STREET ADDRESS.

6 1 TITLE

6.2 NAME

CITY - ST - ZIP

STREET ADDRESS

TITLE

DELETE

Change

Addition