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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J32828 1. Corporation Name

HAMMOCK BROS. ROOFING COMPANY

Principal Place	of Business	Mailing Address					18) 19(1 B1811 B18	14 B18t1 B18t1 1	FEET
3600 SOUTH ORANGE AVENUE POST OFFICE BOX 5		POST OFFICE BOX 568965	<b>)65</b>						
P.O. BOX 568965		P.O. BOX 568965			DO NOT WRITE IN THIS SDACE				
ORLANDO FL 32806 ORLANDO FL 32856-8965						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
us us						1 7 2 2 2 2 2 2 2 2			Ì
		lo- Maria Addana				08/28/1986 4. FEI Number		1 1 4 5	plied For
	ace of Business	2a. Mailing Address				59-2709167		<u> </u>	t Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				39 2709 107	<del></del>	\$8.75	
<del></del>		27			5. Certifcate of Status Desired		Fee Re		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23	•	28				Trust Fund Contribution		Added 1	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent year Inta	ngible	
24	25	29 3	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	11				10. Name and Address of New F	legistered A	gent	
				81	Name				
COOPER, MARK O				82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
200 E ROBINSON STR				1	Olloct Addic	33 (V.O. DOX Nambol to Not Noop.	,		
STE 865				83					[
ORL	ANDO FL 32801			84	City.			85 Zip (	Code
				04	City		FL	65   2.5	3000
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was aut ions of, Section 607.0505, Floric	horized ta Statu	i by t utes.	ne corporatio	n's board of directors. I hereby accep	ot the appoin	tment as re	gistered
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg					signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIDECTO	DC IN 12
12.		D DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AIN	Change	Addition
TITLE	VPS	☐ DELETE	7.7 (1)	LL.					
NAME	LOUREE, JOHN		40.114				•		_ (
STREET ADDRESS			1.2 NA				•		_
	3600 S. ORANGE		1.3 ST	REET /	ADDRESS		•		
CITY-ST-ZIP	ORLANDO FL	□ pelete	1.3 ST 1.4 CIT	REET /			•	☐ Change	Addition
TITLE	ORLANDO FL PT	☐ DELETE	1.3 ST 1.4 CIT 2.1 TIT	REET / TY-ST- TLE			•	☐ Change	Addition
TITLE NAME	ORLANDO FL PT HAMMOCK, JOEL D.	☐ DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	TEET / TY-ST- TLE VME	-ZIP			☐ Change	☐ Addition
TITLE	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	□ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST	TEET / TY-ST- TLE AME TREET /	-ZIP ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL PT HAMMOCK, JOEL D.		1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH	REET / TY-ST- TLE AME REET /	-ZIP ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	☐ DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1-TIT	TEET / TY-ST- TLE WIE TEET / TLE TLE TLE	-ZIP ADDRESS				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.		1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA	TY-ST- TLE AME TREET A TY-ST TLE	ADDRESS [-ZIP				_
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.		1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	REET / TY-ST- TLE AME REET / ITY-ST TLE AME	ADDRESS 1-ZIP				_
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	REET / TY-ST- TLE  REET / ITY-ST TLE  WME TREET / TREET / TREET / TREET /	ADDRESS 1-ZIP				_
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.		1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT	REET / IY-ST- ILE AME REET / ITY-ST ILE IREET / ITY-ST ILE	ADDRESS 1-ZIP			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	DELETE	1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	TY-ST- TLE TY-ST- TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE AME	ADDRESS I-ZIP  ADDRESS I-ZIP			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	DELETE	1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4 CH 4.1 TH 4.2 NA 4.3 ST	TY-ST- TLE  AME  REET / TLE  AME  TREET / TTLE  AME  TREET / TTLE  AME	ADDRESS I-ZIP  ADDRESS I-ZIP  ADDRESS ADDRESS			☐ Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	DELETE	1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4 CH 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH	TY-ST- TLE  AME TREET / TLE  AME TREET / TTY-ST TLE  AME TREET / TY-ST TLE	ADDRESS I-ZIP  ADDRESS I-ZIP  ADDRESS ADDRESS		-	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	DELETE	1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4 CH 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH 5.2 NA	TY-ST- TLE	ADDRESS I-ZIP  ADDRESS I-ZIP  ADDRESS -ZIP			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	DELETE	1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4 CH 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST	TY-ST- TLE TREET,	ADDRESS I-ZIP  ADDRESS I-ZIP  ADDRESS -ZIP  ADDRESS		-	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME	ORLANDO FL PT HAMMOCK, JOEL D. 3600 S. ORANGE AVE.	DELETE	1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4 CH 4.1 TH 4.2 NA 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST	REET/ ITY-ST- ILE  AME  REET/ ITY-ST ILE  AME  ITY-ST ILE  AME  ITY-ST ILE  AME  ITY-ST ILE  ITY-ST ILE  ITY-ST ILE  ITY-ST ILE  ITY-ST ILE  ITY-ST ITY-ST ITY-ST ITY-ST ITY-ST ITY-ST ITY-ST	ADDRESS I-ZIP  ADDRESS I-ZIP  ADDRESS -ZIP  ADDRESS			☐ Change	Addition

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 supplied ental annual report is true and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90282 036 \*\*\*150.00