

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 5:11:14

DOCUMENT # J37815

(4)

1. Corporation Name

SCLAFANI AND HAMMOND, P.A.

Principal Place of Business

407 N PARSONS AVE #103A
BRANDON FL 33510

Mailing Address

407 N PARSONS AVE #103A
BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1986

3a. Date of Last Report

04/04/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 1267

27 Suite, Apt. #, etc.

28 City & State

BRANDON, FL

29 Zip

33509-1267

30 Country

USA

4. FEI Number

59-2732800

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

GRIFFIN, EILEEN H.
915 OAKFIELD DRIVE, SUITE F
BRANDON 33511

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PTD
SCLAFANI, JOSEPH D.
10434 CRESTFIELD DR
RIVERVIEW FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VDS
HAMMOND, MARGARET A.
4503 COUNTRY GATE CT
VALRICO FL

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
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP



Change



Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP



Change



Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP



Change



Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP



Change



Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP



Change



Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP



Change



Addition

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 110.07(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 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:

Joseph D. Sclafani

JOSEPH D. SCLAFANI

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6-12-95

Date

813/684-8236

(Typed Name)