FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K24721 (8)

1. Corporation Name
HAMMOND SCREENS, INC.

Principal Place of Business	Mailing Address
4791 SW 63RD TERRACE DAVIE FL 33329	4791 SW 63RD TERRACE DAVIE FL 33329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1988
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21: 1930 Tigertail Blvd
Suite, Apt. #, etc. 22: Bld. 13
City & State 23: Dania, Fl USA
Zip 24: 33004 Country 25:

2a. Mailing Address
26: 1930 Tigertail Blvd
Suite, Apt. #, etc. 27: Bld. #13
City & State 28: Dania, Fl.
Zip 29: 33004 Country 30: USA

4. FEI Number: 65-0053444 ☐ 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

HAMMOND, PEGGY
6791 MAIN STREET
MIAMI LAKES FL 33014

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995
TITLE	D	☐ Change ☐ Addition
NAME	HAMMOND, PEGGY	
STREET ADDRESS	5201 S.W. 114 WAY	
CITY ST ZIP	FT. LAUDERDALE FL	
TITLE	V	☐ Change ☐ Addition
NAME	HAMMOND, WILL	
STREET ADDRESS	4000 SW 82 TERRACE	
CITY ST ZIP	DAVIE FL	
TITLE	S	☐ Change ☐ Addition
NAME	HAMMOND, DALE	
STREET ADDRESS	8620 NW 7TH COURT	
CITY ST ZIP	PEMBROKE PINES FL	
TITLE	T	☐ Change ☐ Addition
NAME	HAMMOND, CARL F.	
STREET ADDRESS	9900 SHERIDAN STREET	
CITY ST ZIP	PEMBROKE PINES FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. To the best of my knowledge and belief, the information supplied with this filing is complete and accurate. I am executing this report as 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 above, or on an attachment with an address.

SIGNATURE: Peggy Hammond Peggy Hammond 1-30-95 305-930 3311
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT — DATE — TELEPHONE NUMBER

0238200 CP