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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-20-2000 90002 048 ***158.75

DOCUMENT # **K24721**

1. Corporation Name

HAMMOND SCREENS, INC.

Principal Place of Business

1930 TIGERTAIL BLVD.
BLD-13
DANIA FL 33004
US

Mailing Address

1930 TIGERTAIL BLVD.
BUILDING 13
DANIA FL 33004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1988

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0053444

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

25

29

30

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMOND, PEGGY

15645 COLLINS AVE #805
MIAMI FL 33160

81 Name **Peggy Hammond**

82 Street Address (P.O. Box Number is Not Acceptable)

16400 Coleman Ave #943

83

84 City **Miami**

FL

85 Zip Code **33160**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HAMMOND, PEGGY**
STREET ADDRESS **15645 COLLINS AVE #805**
CITY-ST-ZIP **MIAMI FL 33160**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE

NAME **HAMMOND, WILL**
STREET ADDRESS **4000 SW 82 TERRACE**
CITY-ST-ZIP **DAVE FL 33328**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE

NAME **HAMMOND, DALE**
STREET ADDRESS **8620 NW 7TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE

NAME **HAMMOND, CARL F.**
STREET ADDRESS **1001 NW 93RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6-1-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)