

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

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

04-20-1999 90128 039 \*\*\*158.75

DOCUMENT # L75459

1. Corporation Name

THE DUNCAN-HAMMOND COMPANY

Principal Place of Business

PO BOX 7305  
WINTER HAVEN FL 33883-7305

Mailing Address

PO BOX 7305  
WINTER HAVEN FL 33883-7305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1990

4. FEI Number

59-3008393

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DUNCAN, MAX P.  
THE DUNCAN-HAMMOND COMPANY  
136 PATTERSON DRIVE  
AUBURNDALE FL 33823

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDE ☐ DELETE

NAME DUNCAN, MAX P.  
STREET ADDRESS 136 PATTERSON DR.  
CITY-ST-ZIP AUBURNDALE FL

TITLE PD ☐ DELETE

NAME HAMMOND, JAMES S.  
STREET ADDRESS 200 AVE. K, SE, #361  
CITY-ST-ZIP WINTER HAVEN FL

TITLE SD ☐ DELETE

NAME DUNCAN, SANDRA K.  
STREET ADDRESS 136 PATTERSON DR.  
CITY-ST-ZIP AUBURNDALE FL

TITLE TD ☐ DELETE

NAME HAMMOND, DARLA K.  
STREET ADDRESS 200 AVE. K, SE, #361  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 33823

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1035 MEDINAH DRIVE

2.4 CITY-ST-ZIP 33884

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 33823

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 1035 MEDINAH DRIVE

4.4 CITY-ST-ZIP 33884

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0439408

CR25034 (11/98)